



ZMC I.V CATHETER WITH INJECTION VALVE
PHARMACEUTICAL QUALITY ASSURANCE REPORT

1. Brand Name _____ INN _____
2. Local Suppliers _____ Manufacturer _____
3. Dosage and Strength _____
4. Batch / Lot No. _____ Expiry Date _____ Date Manuf. _____
5. Container Type _____
6. Special Storage Conditions (if any) _____
7. Date Received at Unit _____ 8. Supplied by _____
9. **UNSATISFACTORY PHYSICAL FEATURES**

Packaging	Colour Change	Stability	Labelling by Manufacturer	Other
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Details _____

10. Other Comments _____

11. **REPORTER:** Doctor { } Pharmacist { } Nurse { } Other { }

12. Name _____

13. Institution / Address _____

Eric Williams Medical Sciences Complex, Champs Fleurs.

14. Date _____ Signature _____