

Pharmaceutical Laboratory
Pharmaceutical Division
Applied Sciences Group
Health Sciences Authority
11 Outram Road Singapore 169078



SECTION A: REQUEST FOR TESTING SERVICE FROM PHARMACEUTICAL LABORATORY

NOTE:

- (i) This form must be completed and signed by an authorised person, and submitted to Pharmaceutical Laboratory together with the email/request form from the local regulatory authority stating the test(s) required for the sample(s).
- (ii) Pharmaceutical Laboratory may, after reviewing your answers, request for more information from you if necessary.
- (iii) Pharmaceutical Laboratory reserves the right to not agree to perform any testing service. Therefore, please do not send any sample to Pharmaceutical Laboratory until the Laboratory has confirmed its acceptance of your request for testing.
- (iv) In the event that Pharmaceutical Laboratory agrees to perform the test(s), the terms and conditions in Section B of this form will apply.

Test Request:

1. Please check the relevant boxes:

- Common Poisons Screening
- Heavy Metals (*Lead, Arsenic, Mercury, Copper, Cadmium) * *Delete when necessary*
- Others (Please specify: _____)

2. Product(s) Description (if different from label):

3. Has a sample of the product from the same manufacturing batch been tested by Pharmaceutical Laboratory before?

If your answer is "yes", please furnish the laboratory report number:

4. The test requested is for (please tick the appropriate boxes):

- Personal information
- Compliance with HPRG
- Cross-quality check
- Others, please specify _____

Pharmaceutical Laboratory
Pharmaceutical Division
Applied Sciences Group
Health Sciences Authority
11 Outram Road Singapore 169078



-
5. Is the product the subject of any inquiry, investigation or proceeding carried out or commenced by the Government of Singapore or any regulatory authority, or has it previously been the subject of any such inquiry, investigation or proceeding? If your answer is "yes", please provide details (you may give your answer in a separate sheet of paper if necessary).

No

Yes

6. Are you already selling the product in Singapore or do you intend to sell the product in Singapore within the next twelve (12) months?

7. Kindly indicate your preferred mode of collection

Self-collect from ASG Registration Counter, Level 1

Send to the billing address

We confirm that the information given by us in this form is to the best of our knowledge and belief true and accurate. We also consent to the Laboratory's selection of the most appropriate method(s) to be used for this test request.

We agree to abide by the Terms and Conditions set out in Section B, should the laboratory agree to perform the test(s).

Name / IC No:

Contact No.:

Company and

Company's Address:

Signature and
company stamp:

Date:

Pharmaceutical Laboratory
Pharmaceutical Division
Applied Sciences Group
Health Sciences Authority
11 Outram Road Singapore 169078



SECTION B: TERMS AND CONDITIONS

Thank you for sending your sample(s) to the Pharmaceutical Laboratory. Please refer to the following terms and conditions which are applicable to all products testing provided by Pharmaceutical Laboratory, HSA.

1. Request procedure

- 1.1 Your request for testing is accepted based on the answers provided by you in the form entitled "Request for Testing Service from Pharmaceutical Laboratory". Pharmaceutical Laboratory reserves the right to discontinue any test or withhold the report, if and where applicable, in the event that any error or inaccuracy, even if unintentionally made, is found in the information provided by you.
- 1.2 Samples submitted for tests must be properly packed and clearly labeled. Pharmaceutical Laboratory may reject any sample which is not properly packed or clearly labeled for testing.
- 1.3 A laboratory report number will be assigned by Pharmaceutical Laboratory to each sample when the request for testing is accepted. The laboratory report number shall be referred to in all subsequent communications.

2. Fees and Payments

- 2.1 Fees are charged for all testing services performed. A quotation of the fees involved will be supplied upon request before the commencement of work by Pharmaceutical Laboratory.
- 2.2 In the event that you decide to withdraw your sample from testing, you are required to give a notice in writing to Pharmaceutical Laboratory within 3 working days after sample submission. You will be charged for all services performed and all costs incurred by the laboratory prior to such withdrawal.
- 2.3 Payment in advance is required via NETS, Credit Cards, GIRO or Telegraphic Transfer (overseas customers).

3. Reports

- 3.1 A report of the test results will be issued. The reports can be collected by the customer in-person or sent to your billing address by post. You will be informed when the report is ready for collection in person.
- 3.2 A copy of the report will be sent to the Health Products Regulation Group (HPRG) and/or other relevant authorities if the test reveals that the sample(s) is non-compliant with any legal requirement.

Pharmaceutical Laboratory
Pharmaceutical Division
Applied Sciences Group
Health Sciences Authority
11 Outram Road Singapore 169078



-
- 3.3 Please note that the results in the report are specific to the particular sample(s) supplied for testing by the customer. Pharmaceutical Laboratory cannot guarantee that the same results can or will be obtained from any test carried out on subsequent samples that are similar or equivalent.
- 3.4 The report does not constitute and no part of it may under any circumstance be construed as an endorsement by Pharmaceutical Laboratory of the sample(s) or any manufacturing process or product(s).
- 3.5 The report shall not be used either in full or in part:
- a. for advertising or product endorsement purposes or in any publicity material;
 - b. in any manner which may mislead or cause any person to form any erroneous or mistaken belief or impression regarding any product or the report; or
 - c. in any manner contrary to law.
- 3.6 This report shall not be reproduced in full or in part without HSA's prior written consent.
- 3.7 The report will not include the date(s) of performance of the laboratory activity, unless otherwise requested by the customer.

4. Liability

- 4.1 Pharmaceutical Laboratory shall under no circumstances be liable to you or your agents, servants or representatives, in contract, tort (including negligence or breach of statutory duty) or otherwise for any direct or indirect loss or damage suffered by you, your agents, servants or representatives howsoever arising, irrespective of its connection with the services provided by Pharmaceutical Laboratory herein and regardless of whether Pharmaceutical Laboratory has been advised of the possibility of such loss or damage.
- 4.2 Pharmaceutical Laboratory reserves the right to decline to carry out any test or, if the test has been commenced, to stop the test immediately, if it is or becomes apparent to Pharmaceutical Laboratory that it will be inappropriate, whether for legal or any other reason, for Pharmaceutical Laboratory to carry out or continue with such test.
- 4.3 Pharmaceutical Laboratory reserves the right to refuse to provide any future testing service to any customer who has breached any term or condition herein unless the test is required by law or any regulatory, judicial or other competent authority.
- 4.4 In the event that the resources of the Pharmaceutical Laboratory have to be diverted for use for reasons of or concerning national interest or pursuant to any request by or requirement of the Government or any Government agency, the Pharmaceutical Laboratory may not be able to carry out any test requested for by you in good time or at all. The Pharmaceutical Laboratory shall not be responsible in any way for any delay or failure to carry out the test in such event.
- 4.5 If you have any enquiries, you can contact us at 6213 0806 or email to HSA_PD_Enquiry@hsa.gov.sg.