

جابتن فرخدمتن ساءينتيفيك

DEPARTMENT OF SCIENTIFIC SERVICES MINISTRY OF HEALTH

MIC(F)-P03 Pharmaceutical Receiving Form

Tel.No.: 2382424

Commonwealth Drive, Jalan Menteri Besar, Berakas BB3910 Negara Brunei Darussalam.

Berakas BB	33910 Negara Brun	nei Darussalam.				Fax No.: 2381946						
FOR RECEIVING STA	FF ONLY											
Lab Ref.:	N	Name:						Date:	Time	Time:		
										AM / PM**		
1. I hereby declare	ed that the infor	rmation(s) bel	low is/are corre	ct.								
2. I hereby have re	ead and underst	tood the Rece	eiving procedure	es for food, w	ater, swab, ph	armaceutical an	nd cosmetic samples by	government ag	jencies (MIC(P)-001), Rejection		
Procedure for fo	ood, water, phai	rmaceutical a	nd cosmetic sar	mples (MIC(P))-003) and Pha	armaceutical Sar	mple Acceptance Criteria	a (MIC(G)-PSA)	by Microbiolo	gy Section, DSS.		
3. I understand that	at the Departme	ent of Scientif	fic Services shal	l ensure the p	rotection of m	y confidential ir	nformation and proprieta	ary rights.				
FOR NEW CLIENT OF	NLY											
Company's Name &	Address:											
Client's ID:	Client's Ref.:	:	Sender's Name:			Signatur	re:	Date:	Time	Time:		
DSS-C										AM / PM*		
Sample Sa	Sample Description		ght /	Production		Sanima Data	Sampling			**Test (s)		

Sample Ref. No.	Sample Description		Weight /			Production		Sampling				**Test (s)	
	Name	Type*	Volume	Qty	Batch No.	Date	Expiry Date	Place of sampling / Sample origin	Date	**Time	!		ested
											AM	TAMC	түмс
											PM	OTHERS:	
											AM	TAMC	ТҮМС
											PM	OTHERS:	
											AM	TAMC	TYMC
											PM	OTHERS:	
											АМ	TAMC	TYMC
											PM	OTHERS:	
											AM	TAMC	ТҮМС
											PM	OTHERS:	

*(L) Liquid

(S) Syrup

(T) Tablet

(SP) Suspension

(C) Capsule

(O) Others – please specify

**Please circle



جابتن فرخدمتن ساءينتيفيك

DEPARTMENT OF SCIENTIFIC SERVICES MINISTRY OF HEALTH

MIC(F)-P03
Pharmaceutical Receiving Form

Commonwealth Drive, Jalan Menteri Besar, Berakas BB3910 Negara Brunei Darussalam. Tel.No.: 2382424 Fax No.: 2381946

Sample Ref. No.	Sample Description		Weight /			Production			**Test (s)				
	Name	Type*	Volume	Qty	Batch No.	Date	Expiry Date	Place of sampling / Sample origin	Date	**Time		requested	
											AM PM	ТАМС	TYMO
												OTHERS:	
											AM	TAMC	TYM
											PM	OTHERS:	
											AM PM	TAMC	TYM
												OTHERS:	
											AM	TAMC	TYM
											PM	OTHERS:	
											AM	TAMC	TYM
											PM	OTHERS:	
											AM PM	TAMC	TYM
												OTHERS:	
											AM	TAMC	TYM
											PM	OTHERS:	
											AM	ТАМС	TYM
											PM	OTHERS:	
											AM PM	TAMC	TYM
												OTHERS:	