Active Pharmaceutical Ingredient Information Request Form

General Information

Company Information
Company Name: 
Address: 
Telephone/Email: 

API Information
API Name: 
Source: 
Molecular Weight: 
Purity: 
Endotoxin: 
Batch No./Lot No.: 
Manufacturing Date: 
Expiration Date: 

Shipment and Storage Information
Quantity Shipped: 
Shipment Storage Conditions: 
Storage Upon Receipt: 
API Information Request Form

Handling / Cleaning / Disposal

Instruction/Comments for Safe Handling:  

Cleaning Procedure:  

Disposal Procedure:  

Pharmaceutical Development

Project Description:  

Phase of Project:  

Reconstitution Instructions:  

Current Delivery method:  

If Other:  

Analytical Methods

Description of Testing:  

Will Test Methods be Provided?  Yes ☐ No ☐  

Testing Methods Required:  Dissolution ☐ Assay ☐  

Other:  

Analysis of Samples:  Titration ☐ Particle Size ☐ Density ☐  

DSC ☐ HPLC ☐ SEM ☐  

FTIR ☐ NMR ☐ Raman Spectroscopy ☐  

Other:  

Stability Study

Storage Temperature: °C  Storage Humidity: °C  

Duration of Study:  If other:  

Sampling Frequency:  

Manufacturing Services
API Information Request Form

Description of Needs: 

Dosage Strength: 

Approximate Batch Size: 

Additional Information

Degree of hydrophobicity or hydrophilicity (BSC classification): 

Solubility (water, other specific solvents): 

Known interactions with other drugs or excipients: 

Sensitivities (light, moisture, heat, other): 

Potency classification or special processing requirements: 

Verification of Information Accuracy

Name: 

Title: 

Phone Number: 

Email Address: 

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