

LAMPIRAN C

Filled by Pharmacy Practice & Development Division:

Ref No :



DRUG FORMULATION REQUEST FORM: EXTEMPORANEOUS/GALENICAL/STERILE PREPARATION

Pharmacy Department : _____

Requester Name : _____

Contact No./Email : _____

A) PREPARATION DESCRIPTION	
Drug name	Generic name, strength, dosage form
Preparation type	Sterile/Non-Sterile
Shelf Life	
Quantity Produced	
Storage Condition	Temperature, protect from light
Indication	
Reference(s) <i>Please attach soft copy/ hard copy/ scanned version</i>	1. 2. 3.
Alternative available	Yes/No
Commercial Product Available in Malaysia	Yes/No (If Yes, please specify brand and manufacturer)
Similar Formulation Available in PhIS	Yes/No (different strength/ingredients/preparation instructions etc)

B) INGREDIENTS

No	Item	Quantity
1.		
2.		
3.		

C) PREPARATION INSTRUCTIONS

1.	
2.	
3.	
4.	

D) JUSTIFICATION OF USING THIS FORMULATION

<ol style="list-style-type: none">1. Significant of this formulation2. Usage per year3. Clinical evidence of using this formulation4. Available stability study supporting the shelf life stated	Name: Signature & stamp: Date:
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E) HEAD OF DEPARTMENT APPROVAL

Comments required	Name: Signature & stamp: Date:
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F) STATE/INSTITUTE DEPUTY DIRECTOR PSD APPROVAL

Comments required

Name:

Signature & stamp:

Date: