metrics contract services

RFQ TEMPLATE

Please fill in as much information as possible. Complete information in all categories will help to ensure an accurate quote for your project.

Company: _____ Phone: _____

Address: _____

Key Personnel, phone numbers, and Email addresses:

_____

_____

_____

Basic Project Information:

Type of dosage form needed: _____

Indication: _____ Strength: _____

Molecular Structure of the API: _____

Is this a new formulation or a modification of existing formulation? _____

_____

Please outline your timeline/deadlines: _____

_____

_____

Analytical Development:

Analytical methods available for API? Yes No

Transfer existing methods or develop new methods? _____

Any analytical method outside of the typical HPLC Assay, Dissolution, CU and Moisture? _____

_____

Formulation Development:

Has there been previous formulation development? Yes No

If yes, is tech transfer sufficient? Yes No

If no, please provide details on formulation development need: _____

_____

_____

How many prototype strengths or formulations to be considered? _____

Any stability study of prototypes? _____

Manufacturing Requirement (CTM):

How many strengths and units? (please list): _____

_____

Matching placebos? Yes No If yes, # of units: _____

Packaging and labeling requirements: _____

_____

Stability Studies:

Conduct per ICH guidelines? Yes No

If No then specify stability study details for CTM: _____

_____

Please indicate: Bulk product stability Packaged product

Special Handling Requirements:

Indicate if API is: Potent Cytotoxic Controlled Substance

Indicate if API is light sensitive, hydroscopic, etc.: _____

_____

Provide MSDS if available.