

Elemental Impurities Risk Assessment (ICH Q3D) Request for quote / Questionnaire

Karlstraße 2
79650 Schopfheim (bei Basel)
Telefon +49 7622 6 66 86 – 70 Fax – 77
service@gmp-verlag.de
www.gmp-verlag.de
Vorstand:
Barbara Peither, Thomas Peither

Please return to:

E-Mail: cynthia.schulz@gmp-verlag.de
Fax: +49 7622 66686-77

I would like to receive a non-binding quote for the following risk assessment of elemental impurities:

Company name for report

Address for report

Medicinal drug product

Dosage Form (liquid, solid, ointment, ...)

Contact details:

Contact name

Email Address

Phone number

E-

Billing address (if different from the address on the report)

- | | | | | | |
|----|---|-------------------------------|-------------------------------------|-------------------------------------|---------------------------------|
| 1) | Informationen werden durch den Auftraggeber zur Verfügung gestellt /
Information gathering through customer | yes <input type="checkbox"/> | no <input type="checkbox"/> | | |
| 2) | Dokumentensprache aller notwendigen Dokumente ist Englisch /
Documentation language of all documents is English | yes <input type="checkbox"/> | no <input type="checkbox"/> | | |
| 3) | Notwendige Dokumente können elektronisch zur Verfügung gestellt werden /
Documentation sharing in a Cloud-Solution or electronically is possible | yes <input type="checkbox"/> | no <input type="checkbox"/> | | |
| 4) | Wie ist der Applikationsweg? /
What is the application route? | oral <input type="checkbox"/> | parenteral <input type="checkbox"/> | inhalation <input type="checkbox"/> | others <input type="checkbox"/> |
| 5) | Liegen analytische Daten (3 Vollanalysen) für das Fertigarzneimittel vor? /
Are there 3 full analytical data for finished product available? | yes <input type="checkbox"/> | no <input type="checkbox"/> | | |

Comments, questions, suggestions