

## 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](mailto: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 /<br>Information gathering through customer                                      | yes <input type="checkbox"/>  | no <input type="checkbox"/>         |                                     |                                 |
| 2) | Dokumentensprache aller notwendigen Dokumente ist Englisch /<br>Documentation language of all documents is English                                  | yes <input type="checkbox"/>  | no <input type="checkbox"/>         |                                     |                                 |
| 3) | Notwendige Dokumente können elektronisch zur Verfügung gestellt werden /<br>Documentation sharing in a Cloud-Solution or electronically is possible | yes <input type="checkbox"/>  | no <input type="checkbox"/>         |                                     |                                 |
| 4) | Wie ist der Applikationsweg? /<br>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? /<br>Are there 3 full analytical data for finished product available?     | yes <input type="checkbox"/>  | no <input type="checkbox"/>         |                                     |                                 |

Comments, questions, suggestions