

**UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH**



TANZANIA FOOD AND DRUGS AUTHORITY

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Web site: <http://www.tfda.or.tz>

POE SCREENING CERTIFICATE

POE (circle)	DIA	DRH	MSD	NAM	SIR	
	KIA	MWA	MWH	HOR	TAN	
	HOL	KIG	TUN	KYE	MTW	
	MTU					
Date Sample Collected						
Control Type (circle)	R	AWB	C21	C29	F89	
Control Type Number						
Name of Importer/Consignee						
PRODUCT (circle one)	Amoxicilline Ampicillin Artesunate Ciprofloxacin Co-trimoxazole	Didanosine Erythromycin Indinavir Lamivudine Metronidazole	Nevirapine Quinine Stavudine Sulfadoxine/pyrimethamine Zidovudine			
Dosage Form (circle one)	Tablet	Capsule	Syrup	Suspension	Injection	Infusion
	Lozenge	Pessary	Caplet	Suppository	Eyedrops	Eardrops
	Ointment	Cream	Gel	Other (specify)		
Batch Number						
Date of Manufacture						
Expiry Date						
Manufacturer						
Country of Manufacture						
Label Claim						
Date of Analysis						

Prepared by:	Checked by:	Approved by:
Date:	Date:	Date:

TEST	RESULTS	
	Pass	Fail
Visual		
Disintegration		
Colour reaction		
Thin-layer chromatography		
If SP, date sent to TFDA		
FINAL RESULTS (circle)	PASS / FAIL	
COMMENTS		
ACTION TAKEN		

Screening done by:
Signature:
Date: