

**UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH**



TANZANIA FOOD AND DRUGS AUTHORITY
Tel: +255-22-2450512/2450751
FAX: +255-22-2450793
Web site: <http://www.tfda.or.tz>

FACILITY SCREENING CERTIFICATE

Facility Type (circle)	Warehouse	Wholesale/ Retail Part I	Retail Part I	DLDB (Part II)/ DLDM	Hospital	Health Centre	Dispensary
Name of Facility							
Date Sample Collected							
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							

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

TESTS	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: