

**THE UNITED REPUBLIC OF TANZANIA  
MINISTRY OF HEALTH**

Web site: <http://www.tfda.or.tz>  
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TANZANIA FOOD AND DRUGS AUTHORITY  
P.O. BOX 77150  
DAR ES SALAAM

**SAMPLE RECEIPT FORM**

Name of Institution/Company under Inspection.....

Address.....

Date of Inspection/Sample Collection.....

Reason for Collection (indicate analysis needed where possible) .....

Product Name and Description/Identification (e.g., colour, dosage form).....

Size of Lot Sample Taken From.....

Name and Address of Manufacturer.....

Batch No. ....Manufacturing Date.....Expiry Date.....

Place Sampled (e.g., Port of Entry, Manufacturing Plant, Wholesale/Retail Pharmacy)  
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No. of Samples Taken (indicate tins, packets, etc.).....

Collectors Identification on Seal.....

Name of Representative(s) of the  
Inspected Establishment

Signature

Date

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Name of Drug Inspector(s)  
(Sampling Officer[s])

Signature

Date

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