

# TEST ITEM DATA FORM

This data form is crucial for the test item to be correctly identified. All data included in this form must reflect the actual state as well as Sponsor's best knowledge. Please submit all the information available. In case where data are not available, please insert – NO DATA

## FILLED BY SPONSOR:

Sponsor Name:

Test item name:

Chemical name:

A.I. CAS number:

Appearance:

A.I. EC number:

Production date:

Expiry date:

Batch number:

Storage conditions:

Know physical and chemical parameters:

Test item quantity:

Know risks / CLP/ GHS classification:

## DECLARATION OF TEST ITEM RETURN.

I hereby declare unused test item to be returned after studies end.

YES                      NO

## DECLARATION OF THE SPONSOR:

I hereby declare that all the data included in this form are true and according to our best knowledge and can be used for the test item identification within the scope of preparation of registration dossiers.

Date and signature of the sponsor

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## FILLED BY ICB PHARMA STAFF:

Test item identification number:

Gross mass of package:

Date of receive:

Appearance of package:

State of the package on receive:

Date and signature of ICB Pharma personnel

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