

Checklist FillTech Lab Test

General Information

Company _____
 Country, City _____
 Contact person _____
 E-mail _____
 Phone-no. _____

Trial specifications

Powder	Liquid	Microsphere	Pellets
Sterile	Non sterile		
Glass vials	Plastic bottles	Glass bottles	Capsules
Caps	Cartons	Labeling	
Specify types	_____		

Goals of trial

Turnkey solutions	Filling solutions	Capsule filling	other _____
Capping solutions	Improving product formulation		Developing a new product
Cartoning			

Pharmaceutical sector

Antibiotics	Citostatic/sitotoxic	other _____
Oral	Ophthalmic	

Other sectors

Food	Cosmetics	Healthcare	other _____
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Are you already filling/managing this product?

If yes, which are the main difficulties?

Container formats/Filling range

Vial/bottle format

Diam. (mm) _____ H.(mm) _____

Dosage

ml _____ g _____

Speed

Pcs/min. _____

Carton dimensions

A (mm) _____ B (mm) _____ C (mm) _____

Cap dimensions (mm) _____

You may enclose a picture, data tables or documents to clarify further

Please remember to send us products MSDS before shipping the product

Other Information / Request and sketches
