Pharmaceutical Lot Release Authorization

Product Name:

Lot Number:

Batch Number:

Manufacture Date:

Expiry Date:

Quantity:

Packaging:

Quality Control Assessment

Test	Specification	Result	Pass/Fail

Deviation(s) Noted:

Remarks:

Authorization

Authorized By

Date:

Quality Assurance

Date:

This document certifies that the above-mentioned lot has met the required specifications and has been authorized for release.