Republic of Lebanon
Ministry of Public Health
Dept. of Medicines Import/ Export

Comparative in vitro dissolution

دراسة الذائبية المقارنة

Required Information	Page #
Active Ingredient:	
Test Drug Name, form and dosage:	
Manufacturer/ country:	
Importer name:	
Reference drug Name, form and dosage:	
Manufacturer/ country:	
Drug Indication (Therapeutic group):	
Study Title/ date :	
Reason for Dissolution submission:	
Dissolution condition: Apparatus, speed, temperature	
Number of Tablets and batch number:	
Type of media:	
No of media:	
Media pH:	
Method of analysis /validation:	
Similarity Factor F2 value:	
Plots (concentration versus time):	
Results and Discussion:	
Graphs:	

Date: __/__/__

Name & Signature of responsible pharmacist

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