



STANDARD OPERATING PROCEDURE

Department: Quality Assurance	SOP No.:
Title: Procedure for assignment of expiry date of finished product	Effective Date:
Supersedes: Nil	Review Date:
Issue Date:	Page No.:

1.0 Objective

To lay down the procedure for assignment of expiry date of finished product.

2.0 Scope

This SOP is applicable for assignment of expiry date of finished product for domestic market at

3.0 Responsibility

Officer/ Executive Production - To check the expiry date of the product and if required, raise the short expiry note.

In charge Production- To counter check the details of Short expiry note.

Head QA – To Authorize the short expiry form.

4.0 Accountability

Head – Quality.

5.0 Procedure

5.1 Short expiry note shall be raised by the production department if the expiry date of the active raw material is less then the expiry date of the finished product.

5.2 Before booking the batch the production personnel shall check the expiry date of the active raw material and raise the short expiry note as per the **Annexure –I**.

5.3 The details of the short expiry note shall be checked by the production in-charge and forward to quality assurance head for authorization.

5.4 After authorization the short expiry note shall be forward to warehouse for issuance of the material.

NOTE: The finished product shelf life should not exceeds to the shelf life of the Active Raw Material/WFI (Water for Injection).



PHARMA DEVILS

QUALITY ASSURANCE DEPARTMENT

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6.0 Annexure (S)

Annexure – I: Short Expiry Form.

7.0 Reference (S)

NA.

8.0 Abbreviation (S)

NA

9.0 Revision History

Rev. No.	Details of changes	Reason for change	Effective Date	Updated By
00	Nil	New SOP		



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Annexure I

REF. No. _____

To: QA Department

Kindly allot the revised expiry for the below mentioned Product since the expiry of API is less:

Details of API:

Name of material:

B. No.:

A. R. No.:

Mfg. Date:

Exp. Date:

Qty. available:

Details of Products:

Name of Product:

B. No.:

Mfg. Date:

Exp. Date:

Revised Expiry: _____

	Requisitioned By Officer/Executive Production	Checked By In-charge Production	Authorized By Head QA
SIGN.			
DATE			
NAME			