



**PHARMA DEVILS**  
QUALITY ASSURANCE DEPARTMENT

**Template for collecting information required for worst case evaluation**

**Name of Active Pharmaceutical Ingredient in Drug product:**

<b>Toxicological Evaluation</b>	
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**Information Collected from Formulation and Development**  / **Technology Transfer**

Name	Designation	Sign	Date
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**PHYSICAL PROPERTIES**

<b>Physical appearance of drug product</b>	
<b>Solubility</b>	
<b>Cleanability</b>	
<b>Lowest Therapeutic Dose</b>	

**Information Collected from other sources**

1.
2.

Prepared by:

Checked by: