



# MAXCURE NUTRAVEDICS LIMITED

Plot No.:13, Sector-6A, IIE., SIDCUL, Ranipur, Haridwar-249403, Uttarakhand, INDIA  
 Phone No.: +91-1334-239220, 239221, 239222, E-mail: works@maxcure.in  
**QUALITY CONTROL DEPARTMENT**

## CERTIFICATE OF ANALYSIS (FINISHED PRODUCT)

<b>Product Name :</b>	ST.BOTANICA EC FISH OIL1000 CAP LS 1X60		
<b>Generic Name :</b>	Omega 3 Fatty Acids Soft Gelatin Capsule		
<b>Mfg. Lic. No. :</b>	10016012000340	<b>Market :</b>	Domestic
<b>Batch No. :</b>	HWAA02	<b>A. R. No. :</b>	MF2018072904
<b>Mfg. Date :</b>	07/2018	<b>Pack Size :</b>	1X60 CAPSULE
<b>Exp. Date / Best Before:</b>	06/2020	<b>Pack Type :</b>	PET BOTTLE
<b>Batch Size :</b>	200000 NOS	<b>Sampled On :</b>	29/07/18
<b>Product Code :</b>	40032083	<b>Sample Quantity :</b>	120 CAPSULES
<b>Specification No., Ver. No.:</b>	STS/FP/40032083-00	<b>Sampled By :</b>	QA
<b>Ref. STP No., Ver. No.:</b>	STP/FP/40032083-00	<b>Analyzed By :</b>	RATAN DEV
<b>Manufactured For :</b>	EMMBROS OVERSEAS LIFESTYLE PVT LTD	<b>Date of Analysis :</b>	29/07/18
<b>Manufactured By :</b>	Maxcure Nutravedics Limited (Plant-I)	<b>Analysis Completion Date :</b>	03/08/18

S.No.	TEST	ACCEPTANCE CRITERIA	RESULTS
1	Description	Natural gelatin colored oblong shape enteric coated capsules containing pale yellow to red transparent viscous oily fluid packed in PET Bottle.	Natural gelatin colored oblong shape enteric coated capsules containing pale yellow to red transparent viscous oily fluid packed in PET Bottle.
2	Identification	Should be positive for EPA & DHA	positive for EPA & DHA
3	Average fill weight	1000 mg $\pm$ 7.5%	990.39mg
4	Average weight of Enteric coated soft gelatin capsule	1518 mg $\pm$ 7.5%	1497.02 mg
5	Uniformity of fill Weight	Within $\pm$ 7.5% of Average fill weight	-1.6% to +1.2%
6	Disintegration Time	Should not show any sign of disintegration in 0.1 N HCl for 2 hour after that should disintegrate within 1 hour in 6.8 phosphate buffer.	Not Break in 0.1M HCL 2 hour (Complies) In 6.8Ph mixed Phosphate Buffer (25 Minitus & 41 seconds)
7	Microbial Limit	-----	-----
(i)	Total bacterial count	Not more than 1000 cfu/gm	35 cfu/gm
(ii)	Total Yeast & Mould Count	Not more than 100 cfu/gm	<10 cfu/gm

Prepared By *[Signature]*  
 Officer/Executive-QC  
 (Sign & Date)

Checked By *[Signature]*  
 Operating Manager QC  
 (Sign & Date)

Approved By *[Signature]*  
 Head QC  
 (Sign & Date)



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S.No.	TEST	ACCEPTANCE CRITERIA	RESULTS
(iii)	E.coli	Should be Absent/gm	Absent
(iv)	Salmonella	Should be Absent/10 gm	Absent
(v)	P.aeruginosa	Should be Absent/gm	Absent
(vi)	S.aureus	Should be Absent/gm	Absent

**CONCLUSION :** The Finished Product complies as per IH Specification.

Prepared By *[Signature]*  
Officer/Executive-QC  
(Sign & Date)

Checked By *[Signature]*  
Operating Manager QC  
(Sign & Date)

Approved By *[Signature]*  
Head QC  
(Sign & Date)