



VELLINTON HEALTHCARE

Village Rampur Jattan, Trilokpur Road, Kala Amb, Dist. Sirmour.

QUALITY CONTROL DEPARTMENT CERTIFICATE OF ANALYSIS

Product Name : Fazolin Cefazolin for Injection USP	
Batch No. : C26B-08	Mfg. Date : 02/2026
Batch Size : 10000 Vials	Exp. Date : 01/2029
Sample Qty. : 50 Vials	Analytical Report No.: CFP20260064
Date of Receiving : 17/02/2026	Date of Completion : 05/03/2026
Mfg.Lic.No. : HP/DRUGS/18-201-1585	

S. No.	Tests	Specifications	Observations
1.	Description	A White to off- white crystalline powder filled in clear glass vial.	White crystalline powder filled in clear glass vial.
2.	Identification		
	A. By UV	Should be complies	Complies
	B. By HPLC	The retention time of the major peak from the sample solution corresponds to that of the standard solution, as obtained in the Assay.	Complies
	C. By Sodium test	A dense white precipitate is formed.	Complies
3.	Average filled Weight	1131.07 mg \pm 2%	1134.13 mg
4.	Uniformity of filled weight	\pm 10% of the average fill weight	Complies
5.	Uniformity of Dosage Unit	NMT 15	Complies
6.	pH	Between (4.0 to 6.0)	5.11
7.	Constituted solution	The solid dissolves completely leaving no visible residue as undissolved matter.	Complies
8.	Particulate Matter	The solution is essentially free from particles of foreign matter that can be seen on visual inspection.	Complies
9.	Optical Rotation	- 10 ⁰ to - 24 ⁰	-18.06 ⁰
10.	Water	NMT 6.0 %w/w	1.10 %
11.	Bacterial Endotoxins	NMT 0.15 USP EU/mg of Cefazolin.	Less than 0.15 USP EU/mg of Cefazolin.
12.	Sterility	Should be sterile	Sterile
13.	Assay : Each vial contains:-		

Ingredients	Labeled Claim	Found	% of labeled amount	Limits % of labeled amount
Cefazolin Sodium (Sterile) USP Eq. to Cefazolin	1000 mg	1076.737 mg	107.67 %	90.0% to 115.0%

Remarks: In the opinion of the undersigned the sample submitted complies/does not complies with the prescribed standard/not standard of quality, as according to U.S.P /IHS with respect to the above test only.

	Prepared By Manisha	Checked By Anuj Kumar	Approved By Yashwant Singh
Name	Sr. Officer (QC)	Asst. Manager (QC)	Head QC
Designation			
Sign/ Date	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

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