



DAFFOIHLS LABORATORIES PVT. LTD.

(A WHO-GMP, GLP Certified Company)

F-109-110, UPSIDC Industrial Area, Central Hope Town, Selaqui, Dehradun U.K. - 248 011 INDIA.

CERTIFICATE OF ANALYSIS

Quality Control Department

(The Drugs & Cosmetics Act 1940 and rules made there under)

Mfg. Lic. No. 107/UA/2007 & 113/UA/SC/P-2007

Product Name	SUPER HEALTUSS 6X SYRUP		
Generic Name	Dextromethorphan HBr, Cetirizine HCl, Phenylephrine HCl, Ambroxol HCl, Guaiphenesin & Sodium Citrate Syrup		
Batch No.	L-2404011	Batch Size	1500.0 Liter
Mfg. Date	04/2024	Exp. Date	03/2026
Report No.	L/04/011/2024	Sampled Qty	5x100 ml
Ref. No.	117	Specification No.	DQC/SP/FP/209
Date of Sampling	30/04/2024	Date of Release	01/05/2024

S. No.	Test / Parameter	Specification	Observation			
1	Description	Green colored liquid filled in amber color round pet bottle.	Green colored liquid filled in amber color round pet bottle.			
2	Identification	Should be positive for Dextromethorphan HBr, Cetirizine HCl, Phenylephrine HCl, Ambroxol HCl, Guaiphenesin & Sodium Citrate	Positive for Dextromethorphan HBr, Cetirizine HCl, Phenylephrine HCl, Ambroxol HCl, Guaiphenesin & Sodium Citrate			
3	pH	4.0 to 6.0	5.49			
4	Nominal Volume	100.0 ml	100.04 ml			
5	Average Fill Volume	±4.5%	Complies			
6	Weight per ml	1.0 g/ml to 1.40 g/ml	1.0832g/ml			
7	Assay:					
	Each 5 ml contains:		Label Claim	Result	Percentage	Limits
	Dextromethorphan HBr	IP	15 mg	14.85 mg	99.02%	(13.5 mg to 16.5 mg) (90.0% to 110.0%)
	Cetirizine Hydrochloride	IP	5 mg	5.055mg	101.10%	(4.5 mg to 5.5mg) (90.0% to 110.0%)
	Phenylephrine Hydrochloride	IP	8mg	8.154mg	101.92%	(7.2 mg to 8.8 mg) (90.0% to 110.0%)
	Ambroxol HCl	IP	30 mg	30.75mg	102.50%	(27.0 mg to 33.0 mg) (90.0% to 110.0%)
	Guaiphenesin	IP	100 mg	102.06 mg	102.06%	(90.0 mg to 110.0 mg) (90.0% to 110.0%)
	Sodium Citrate	IP	75 mg	73.695 mg	98.26%	(67.5 mg to 82.5 mg) (90.0% to 110.0%)

REMARKS: The sample complies / ~~Does not comply~~ as per IP/ In-house Specification.

Prepared By: (QC.Officer)		Checked By: (QC. Executive)		Approved By: (QC Manager)	
Signature:		Signature:		Signature:	
Date:	01/05/24	Date:	01/05/24	Date:	01/05/24

