وزارة الصحة
Ministry of Health

Circular No. 108 / 2026

24-05-1448 H

04-11-2026

To All:
Drug Stores
Pharmaceutical Consultancy Services Companies
Local Pharmaceutical Industries

After compliments,

Sub: Analytical method reequipments (check list)

With reference to the above mentioned subjected, this is to inform you that you are requested to update the products file (pharmaceutical/Health/Herbal/Medical device) to include the attached check list filled and signed (attachment 1).

NB: For Medicines and Biological Products the check list should be added in module 1 (additional document).

Best Regards,

Ph. Ibrahim Nasser Al Rashdi
Director General

سلطنة عمان - وزارة الصحة
مركز سلامة الدواء
SULTANATE OF OMAN - MINISTRY OF HEALTH
DRUG SAFETY CENTER

Cc:

- All directors in DSC
- All Section Heads in DG office.

P.O. Box 393, Postal Code 100, Muscat, Sultanate of Oman, Tel: +968 22357628, +968 22357111, Email: dscpho@moh.gov.om

Attachment (1)

Requirements	Details [1]	Required[2]
Chromatography Column	- Column type (C18, C8, etc.) - Dimensions (Length × ID, particle size) e.g., C18, 250 × 4.6 mm, 5 µm	☐
Reference Standards + Placebo	- Name of Active Ingredient(s) - List of impurities (with names) - Required weight (g or mg) for analysis e.g., API: Paracetamol – 1 g Impurity A – 0.5 g	☐
Chemicals & Solvents	- Name of chemical/solvent - Purity/Grade - Volume required (mL or L) e.g., Methanol (HPLC grade) – 2 L	☐
Buffers & Reagents	- Name of buffer/reagent - Concentration / preparation details - Volume required e.g., Phosphate buffer 0.05M – 500 mL	☐
Culture Media	- Type of media - Quantity required e.g., TSA – 1 pack	☐
Filters / Consumables	- Type and pore size - Quantity e.g., Nylon filter 0.45 µm – 100 pcs	☐
Sterility Test Materials	- Media required (e.g., Fluid Thioglycollate Medium, Soybean-Casein Digest Medium) - Volume/quantity required e.g., FTM – 500 mL; SCDM – 500 mL	☐
Endotoxin Test Materials	- LAL reagent details (gel clot/ chromogenic) - Control Standard Endotoxin - Sensitivity (EU/mL) - Volume required e.g., LAL reagent – 1 kit, sensitivity 0.25 EU/mL	☐

1. To be filled by the company
2. To be checked by the Evaluation Section in Drug Safety Center at MOH, Oman

Declaration

We hereby confirm that all the above-listed components are required and used in the method of analysis for the submitted product. Any item not declared in this checklist will remain our full responsibility, and we understand that such items will be requested separately, which may result in delays in the analysis process.

Name,
Signature
Date: _____