

## Tirupati Wellness LLP

Surajpur, Nahan Road, Paonta Sahib, Dist. Sirmour, Himachal Pradesh - 173 001. India

## QUALITY CONTROL DEPARTMENT -: Certificate of Analysis Finished Good :-

Name of Product	•	MUSCLE XP BCAA Pro (ORANGE FLAVOUR)400GM	A.R. No.	:	TWN/FPF1008/19
TDS No.	•	TWN/QCD/TDF-0076-00	Received Date	:	24/09/2019
Batch No.	:	EMB19027	Date of Release	:	05/10/2019
Mfg. Date	•	Sep.2019	Batch Size	•	400 Kg
Best Before	•	24 months	Sampled Qty.	:	1 Jar
Specification No.	•	TWN/FPS/0062-00	Sampled By	•	Mr. Abhishek

Sr.No.	Tests		Specifications	Observation				
1.	Description		Off White colored powder with occasional Orange & yellow colored particles	Off White colored powder with occasional Orange & yellow colored particles				
2.	Identification For L- valine, L-Isoleucine & L-leucine		In the chromatograms, the retention time of principal peaks of the L Vallne, L Isoleucine & L-Leucine in the assay preparation should match with Standard preparation as directed in the assay.	Complies				
	Potassium		Confirmed by AAS Method as described in assay	Complies				
3.	pH (10% solution in water)		Between 2.50 to 4.50	3.51				
4.	Loss on drying (at 105°C for 3 hrs)		NMT 3.0 % w/w	0.63% w/w				
5.	Organoleptic Reconstitution (13.3g in 250-300ml chilled water)		Orange colored orange flavored solution	Complies				
	Bulk Density							
6.	Untapped		Between 0.40 to 0.60g/ml	0.59 g/ml				
Tapped (100 tap)		tap)	Between 0.60 to 0.80g/ml	0.80 g/ml				
	Assay: per 13	3.3g						
7.	Content	Claim	Limit	Result				
	Potassium	180.0mg	NLT 90 % of labeled mount i.e. (Not less than 162.00mg)	101.8% 183.32mg				

Signatories	Prepared By:	Checked By:	Approved By:
Signature & Date:	X05/10/2019	J.B. 511012-19	Planty Limery Prof. J.



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	Microbial limit test:							
8.	Microbiological test	Limit	Observation					
	Total Plate count	NMT 10,000 cfu/g	800 cfu/g					
	Total fungal count	NMT 1000 cfu/g	<100 cfu/g					
	E.coli	Should be absent/g	Absent/g					
	Salmonella	Should be absent/25g	Absent/25g					
	Pseudomonas aeruginosa	Should be absent/g	Absent/g					
	Staphylococcus	Should be absent/g	Absent/g					

Remark: All test parameter of the sample complies /does not comply as per the specification.

Signatories	Prepared By:	Checked By:	Approved By:
Signature & Date:	Kry 12019	DR 05/10/12019	Not los

Format No. TWN/F/QCD/012/04-02

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