**Template Provided By:**

# Cancer Imaging Program

## National Cancer Institute

## Reagent/Supply Shipping Receipt & Verification

(Refer to GEN-Q003)

**Reagent/Supply:** **Sterile Water For Injection, USP** **Expiration Date: _____**

**Assigned Internal Tracking Number (ITN): SS-WFI-_____**

**Manufacturer's Assigned Lot Number: _____**

**Certificate of Analysis Received? Y N N/A**

**Inspection of Shipment:**

| Date of Package Arrival | Visual Inspection Prior to Opening | Visual Inspection Upon Opening | Shipment Acceptable or Returned and Reason Why |
|---|---|---|---|
| | | | |

**Inspected By: _____ Date: _____**
*Signature*

**Date Quarantined: _____**

**Manufacturer's Certificate of Analysis attached? Y N N/A**

**SOP References for Identity Tests as Indicated in the IND (**Attach all test data to this form**):** None Indicated

**Verified By: _____ Date: _____**
*Signature*

**Released By: _____ Date: _____**
*Signature*



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