

Template
“Insert Your Institution Information Here”
Not Responsible for Investigator's Use

Reagent/Supply Shipping Receipt & Verification
(Refer to SAIC-Frederick-Q003)

Reagent/Supply: C-18 Plus Sep-Pak cartridge Expiration Date: _____

Assigned Internal Tracking Number (ITN): SS-PSP-_____

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

C-18 Plus Sep-Pak cartridge Shipping Receipt & Verification
Reagents/Supplies 1
Effective Date: 12/11/2013

Form SR-PSP
Version: V1
Supersedes:

Regulatory Approval _____; Date _____

Confidential