

Template
“Insert Your Institution Information Here”

Supply Sheet for Production of [¹⁸F]DCFBC

Kit Number: **S-**_____ [¹⁸F]DCFBC Expiration Date: _____ Number of kits prepared: _____

This form is provided so supplies can, if desired, be assembled ahead of the synthesis of [¹⁸F]DCFBC, in multiple “kits”. Kits should be stored in sealed low particle containers labeled with the kit batch number (S-[¹⁸F]DCFBC -XXXX) and expiration date. The kit expiration date is the earliest reagent expiration date. Whether done in batches or for a single synthesis, here must be a kit form associated with each radiosynthesis.

REAGENTS/SOLUTIONS

Reagent/Solution	Internal Tracking Number/ Identification	Quantity
0.9% Sodium Chloride Solution, for inj, USP (preservative free)	SS-NSI-_____	1 vial (30 mL)
0.25 M K ₂ CO ₃ solution	KCO2-L-_____	1 vial (1 mL)
Kryptofix 2.2.2. solution	KRYP-L-_____	1 vial (1 mL)
water for injection, sterile USP, to add to product vial	SS-WFI-_____	1 vial (10 mL)

SUPPLIES

Supply Description	Internal Tracking No./ Identification	Quantity
Sterile Syringe, 1 mL, no silicone or latex		10
Sterile Syringe, 5 mL, no silicone or latex		5
Sterile Syringe, 10 mL, no silicone or latex		3
C-18 Sep-Pak Plus cartridge	SS-PSP_____	1
C-18 Sep-Pak Light cartridge	SS-LSP-----	1
Sterile borosilicate empty 30 mL vial	SS-SBV-----	1
Sterilizing Filter 0.2 µm	SS-SPF-_____	2
Sterile Vented Filter Needle (for product vial)	SS-VFN-_____	1
Alcohol Swabs		qs(>7)
labels for product vial	Not Applicable	2 sets

Prepared By: _____ Date: _____ Checked By: _____ Date: _____
Signature *Signature*

DCFBC Supplies (kit) Preparation Form
 Effective Date: 12/11/2013

Version: **V1**

Form S-DCFBC (kit)
 Supersedes:

Author: _____ Date: _____ .

Regulatory Approval: _____ Date: _____ .

Confidential

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