

Template
“Insert Your Institution Information Here”

Not Responsible for Investigator's Use

Reagent/Supply Shipping Receipt & Verification

(Refer to SAIC-Frederick-Q003)

Reagent/Supply: Acetonitrile Expiration Date: _____

Assigned Internal Tracking Number (ITN): ACN- _____

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: _____

For Reagents verify the Certificate of Analysis with the Internal Specifications for Release for Further Manufacturing:

Parameter	Test Methodology	Specification	C of A Verification	Comments
Appearance	Visual Inspection	Liquid	Y N N/A	

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

Acetonitrile Shipping Receipt & Verification Form SR-ACN
Reagents/Supplies

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Effective Date **12/11/2013**

Author _____, Date: _____

Version: **V1**
Supersedes:

Regulatory Approval _____, Date _____

Confidential