Template Provided By:

Cancer Imaging Program

National Cancer Institute

Reagent/Supply Shipping Receipt & Verification

(Refer to GEN-Q003)

Reagent/Supply: **Sterile Empty Vials, Type I Borosilicate Glass, with gray butyl rubber stoppers** **Expiration Date: _____**

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

Manufacturer's Assigned Lot Number: _____

Certificate of Quality 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 Quality with the Internal Specifications for Release for Further Manufacturing:

Parameter	Test Methodology	Specification	C of A Verification	Comments
Sterility	USP Sterility Test	Passes Test	**Y N N/A**	

Manufacturer's Certificate of Quality 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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