Template Provided By:

Cancer Imaging Program

National Cancer Institute

Reagent/Supply Shipping Receipt & Verification

(Refer to GEN-Q003)

Reagent/Supply: _____Acetonitrile____ **Expiration Date:** _____

Assigned Internal Tracking Number (ITN): SS-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	Colorless Liquid/ Passes Test	**Y N N/A**	
Purity	Gas Liquid Chromatography	99.5% (minimum)	**Y N N/A**	
Residual H_2O	Titration	0.005% H_2O (maximum) or 50 ppm	**Y N N/A**	
Residue After Evaporation	------	0.0005% (maximum) or 5 ppm	**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

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