**Template Provided By:**

# Cancer Imaging Program

## National Cancer Institute

## Reagent/Supply Specification Sheet

(Refer to GEN-M001)

**Reagent/Supply:** **PTS Endotoxin Cartridge (portable test system)** **Storage Conditions:** **2 to 8°C**
*(if applicable)*

**Internal Tracking Code: SS-PTS** **MSDS On File? Y N N/A**
*(circle one)*

### Suppliers:

| Vendor | Address | Telephone Number | MSDS Available | Vendor Designation (If Needed) |
|---|---|---|---|---|
| **Charles River Endosafe** | **1023 Wappoo Road, Suite 43-B Charleston, SC 29407** | 1-800-762-7016 Fax (843) 766-7576 | N/A | A |

### Ordering Information:

| Vendor | Catalog Number | Description | Size/Units | Bulk Quantities | Certificate of Analysis Available |
|---|---|---|---|---|---|
| **Charles River** | **PTS2001** | **0.01 EU/mL Sensitivity** | 10 per pack | N/A | Yes |
| **Charles River** | **PTS2005** | **0.05 EU/mL Sensitivity** | 10 per pack | N/A | Yes |
| **Charles River** | **PTS201** | **0.1 EU/mL Sensitivity** | 10 per pack | N/A | Yes |

**Internal Specifications:** For all non-USP reagents, the certificate of analysis will be compared with the listed internal specifications to ensure that the manufacturers are still testing the product consistently and utilizing the same standards to determine quality, purity, and identity of the reagents.

**Check for receipt of the Certificate of Compliance/Analysis to ensure that the Portable Test System (PTS) Cartridge meets the manufacturer's written requirements for an archived curve, negative controls and positive product control results?.**

**Regulatory Affairs Approval:** _____ **Date:** _____
*Signature*



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