Template Provided By:

Cancer Imaging Program

National Cancer Institute

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Reagent/Supply Shipping Receipt & Verification

(Refer to GEN-Q003)

Reagent/Supply: **Potassium Iodide, KI, USP** **Expiration Date:** _____

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

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: _____

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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