**Template Provided By:**

# Cancer Imaging Program

**National Cancer Institute**

*Not Responsible for Investigator's Use; Modifications are Prohibited.*

## Reagent/Supply Shipping Receipt & Verification

(Refer to GEN-Q003)

**Reagent/Supply:** **Sodium Phosphates, Inj., USP** **Expiration Date:** _____

**Assigned Internal Tracking Number (ITN): SS-NAP-_____**

**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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