Template Provided By:

Cancer Imaging Program

National Cancer Institute

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FINAL PRODUCT QC Testing

Master Batch Production Number: _____

Manufacturing Date: _____

Test Description	SOP Reference	Specification	Test Result(s)	Performed By/ Date	Supervisor Check/ Date
Sterility Test	**GEN-Q117**	**Negative/ No Growth**			

Attach all test results to this QC Form, corresponding to the testing performed for the Batch referenced above. Note any outstanding QC Investigations that are outstanding in the comment section below.

Comments:

_____

_____

QC Review: _____ Date: _____

Signature

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