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: **Luna C_{18} (2) HPLC Column** **Expiration Date:** _____

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

Manufacturer's Assigned Lot Number: _____

Certificate of Quality 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 Quality 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

Cancer Imaging Program, *Confidential--Use and restriction of this document is set forth in Transfer Agreement executed with the National Cancer Institute (NCI).*