**Template Provided By:**

# Cancer Imaging Program

**National Cancer Institute**

## Reagent/Supply Shipping Receipt & Verification

(Refer to GEN-Q003)

**Reagent/Supply: _____** **Expiration Date: _____**

### Assigned Internal Tracking Number (ITN): SS-XXX-L####

**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: _____**

**For Reagents verify the Certificate of Analysis with the Internal Specifications for Release for Further Manufacturing:**

| Parameter | Test Methodology | Specification | C of A Verification | Comments |
|---|---|---|---|---|
| | | | Y N N/A | |
| | | | Y N N/A | |
| | | | Y N N/A | |
| | | | Y N N/A | |
| | | | Y N N/A | |
| | | | Y N N/A | |

**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**): _____**
**_____**

**Verified By: _____ Date: _____**
*Signature*

**Released By: _____ Date: _____**
*Signature*



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