Template Provided By:

Cancer Imaging Program

National Cancer Institute

Reagent/Supply Shipping Receipt & Verification

(Refer to GEN-Q003)

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

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

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
Appearance	Visual Inspection	Colorless Liquid	**Y N N/A**	
Purity	Gas Liquid Chromatography	99.5% (minimum)	**Y N N/A**	
	Methanol (GC)	0.05% (maximum)	**Y N N/A**	
	Isopropyl Alcohol (GC)	0.05% (maximum)	**Y N N/A**	
Residual H_2O	Titration	0.5% H_2O (maximum)	**Y N N/A**	
Residue on Evaporation	--------	0.001% (maximum)	**Y N N/A**	
Solubility	In H_2O	Passes Test	**Y N N/A**	
Color Test	APHA	10 (maximum)	**Y N N/A**	
Aldehyde	As Formaldehyde	0.002% (maximum)	**Y N N/A**	
Titratable Acid	Titration	0.0003 MEQ/g (maximum)	**Y N N/A**	
Titratable Base	Titration	0.0006 MEQ/g (maximum)	**Y N N/A**	
Substances Reducing Permanganate	------	Passes Test	**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)**:** None Indicated

Verified By: _____ **Date:** _____

Signature

Released By: _____ **Date:** _____

Signature

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