Template Provided By:

Cancer Imaging Program

National Cancer Institute

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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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