Template Provided By:

Cancer Imaging Program

National Cancer Institute

Reagent/Supply Shipping Receipt & Verification

(Refer to GEN-Q003)

Reagent/Supply: PTS Endotoxin Cartridge (portable test system) Expiration Date: _____

Assigned Internal Tracking Number (ITN): SS-PTS-_

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: _____

Manufacturer's Certificate of Analysis attached? Y N N/A

Does the Certificate of Analysis state that the PTS cartridge meets the manufacturer's written requirements for an archived curve, negative controls and positive product control results?

Yes ____ No ____

SOP References for Identity Tests as Indicated in the IND: Refer to SOP NCI-Q114A.

Verified By: _____ Date: _____
Signature

Released By: _____ Date: _____
Signature

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