Template Provided By:

Cancer Imaging Program

National Cancer Institute

Reagent/Supply Shipping Receipt & Verification

(Refer to GEN-Q003)

Reagent/Supply: **Sterile Vented Filter, 0.2 µm** **Expiration Date:** _____

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

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: _____

For Filters verify the Certificate of Quality with the Internal Specifications for Release for Further Manufacturing:

Parameter	Test Methodology	Specification	C of Q Verification	Comments
Bacterial Endotoxins	< 20 EU/ Device as determined by LAL Filter Integrity	Passes Test	Y N N/A	
Housing Integrity	No leakage at 45 psi for 60 seconds	Passes Test	Y N N/A	
Downstream Particle Count	< 100 particles ≥ 10 µm	Passes Test	Y N N/A	

Manufacturer's Certificate of Quality attached? **Y** **N** **N/A**

Verified By: _____ **Date:** _____

Signature

Released By: _____ **Date:** _____

Signature

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