Template Provided By:

Cancer Imaging Program

National Cancer Institute

Reagent/Supply Shipping Receipt & Verification

(Refer to GEN-Q003)

Reagent/Supply: **Hydrochloric Acid, 1.0 or 0.5 N EuPh** **Expiration Date:** _____

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

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: _____

Parameter	Test Methodology	Specification	C of A Verification	Comments
Factor specification	Acidimetric titration	Within Either 1.00 ± 0.01 0.50 ± 0.01	**Y** **N** **N/A**	
Traceability	NIST traceable	NIST Traceable	**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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