**Template**

**, QVHLW< RXU, QVWWXXWRQ, QIRUP DWRQ + HLH**

*Not Responsible for Investigator's Use*

# Reagent/Supply Shipping Receipt & Verification

(Refer to Form-Q003)

**Reagent/Supply:** **PBS 10M buffer** **Expiration Date:** _____

## Assigned Internal Tracking Number (ITN): SS-PBS10M-_____

**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 |
|---|---|---|---|---|
| **Appearance** | Visual Inspection | Clear Colorless Solution | **Y N N/A** | |
| **PH Test** | | 7.2-7.6 at 1:10 dilution | **Y N N/A** | |
| **Cell Culture Salt Test** | | Pass at 1:10 Dilution | **Y N N/A** | |
| **Endotoxin Assay** | | NMT 1.0 EU/m/ | **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*



DRAFT