Template

"Insert Your Institution Information Here"

Not Responsible for Investigator's Use

Reagent/Supply Shipping Receipt & Verification

(Refer to Form-Q003)

Reagent/Supply: _____Oxalic acid_____ **Expiration Date:** _____

Assigned Internal Tracking Number (ITN): SR-OXA-_____

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
Appearance	Visual Inspection	White Crystals or Powder	**Y N N/A**	
Identity	Infrared Spectrum	Conforms to Structure	**Y N N/A**	
Purity	Titration w/ NaOH	98.0%-102.0%	**Y N N/A**	
Characterization	Melting Point	189.5 °C	**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

Regulatory Affairs Approval: _____ **Date:**

DRAFT