Template

"Insert Your Institution Information Here"

Not Responsible for Investigator's Use

Reagent/Supply Shipping Receipt & Verification

(Refer to Form-Q003)

Reagent/Supply: ___pH Strip_____ Expiration Date: _____

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

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: _____

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

Verified By: _____ Date: _____

Signature

Released By: _____ Date: _____

Signature

pH Strip **Supersedes:**	**Form SR-PHS** Version: **V4**

Effective Date: _____

Approved by:_____Date _____

DRAFT