Template

, QVHLW< RXU, QVWLWXWRQ, QIRUP DWRQ + HUH

Not Responsible for Investigator's Use

Reagent/Supply Shipping Receipt & Verification

(Refer to Form-Q003)

Reagent/Supply: GE Healthcare size exclusion PD10 column **Expiration Date: _____**

Assigned Internal Tracking Number (ITN): SS-PD10- _____

Manufacturer's Assigned Lot Number: _____

Column Performance Report 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 Column Performance Report attached? **Y N N/A**

For Columns verify the Column Performance Report with the Internal Specifications for Release for Manufacturing

Parameter	Test Methodology	Specification	C of A Verification	Comments
Particle size range		85-260um	Y N N/A	
Exclusion limit		M, 5000	Y N N/A	
Working pH range		2-13	Y N N/A	

Verified By: _____ Date: _____

Signature

Released By: _____ Date: _____

Signature

PD10 column Shipping Receipt and Verification **Form SR-PD10-**

Supersedes: **None** Version: **V1**

Effective Date: _____

Approved by:_____Date_____

"Insert Your Institution Information Here"

DRAFT