Template

"Insert Your Institution Information Here"

Not Responsible for Investigator's Use

Reagent/Supply Shipping Receipt & Verification

(Refer to Form-Q003)

Reagent/Supply: _____ Expiration Date: _____

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

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

ITLc Plate Shipping Receipt & Verification **Supersedes: None** Effective Date:_____	**Form SR-ITLC** Version: **V1**
Approved by:_____Date_____	

DRAFT