Template

"Insert Your Institution Information Here"

Not Responsible for Investigator's Use

Reagent/Supply Shipping Receipt & Verification

(Refer to Form-Q003)

Reagent/Supply: Panitumumab (Protein)_**Expiration Date:** _____

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

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 Analysis attached? **Y** **N** **N/A**

This is a <u>USP Reagent</u> and no further verification is necessary.

Verified By: _____ **Date:** _____
Signature

Released By: _____ **Date:** _____
Signature

Panitumumab Shipping Receipt and Verification **Form SR-Pani-**
Supersedes: **None** Version: **V1**

Effective Date: _____

Approved by:_____**Date**_____

DRAFT