Template

"Insert Your Institution Information Here"

Not Responsible for Investigator's Use

Reagent/Supply Shipping Receipt & Verification

(Refer to Form-Q003)

Reagent/Supply: **Sodium Azide (NaN_3)** **Expiration Date:** _____

Assigned Internal Tracking Number (ITN): SS-NaN3-_____

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	White Powder	Passes Test	Y N N/A	
Melting Point		275 °C	Y N N/A	
Purity	Titration	>99.5%	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:** _____

, QVHLW: RXU, QVWLWXWRQ, QIRUP DWRQ + HLH

DRAFT