Template

, QVHLW< RXU, QVWXXWRQ, QIRLP DWRQ + HLH

Not Responsible for Investigator's Use

Reagent/Supply Shipping Receipt & Verification

(Refer to Form-Q003)

Reagent/Supply: Desferrioxamine chelate **Expiration Date: _____**

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

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: _____

Parameter	Test Methodology	Specification	C of A Verification	Comments
Appearance	Visual Inspection	White solid / Passes Test	**Y N N/A**	
Purity		≥ 94%	**Y N N/A**	
Identity		Conforms to structure	**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

Desferrioxamine chelate **Form SR-DFO-**
Supersedes: **None** Version: **V1**
Effective Date:

Approved By: _____ **Date:** _____

DRAFT