Template

"Insert Your Institution Information Here"

Not Responsible for Investigator's Use

Reagent/Supply Shipping Receipt & Verification

(Refer to) RUP -Q003)

Reagent/Supply: Gentisic Acid Expiration Date: _____

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

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 to yellow powder	**Y N N/A**	
Acid concentration	Titration (with NaOH)	97.5% - 102.5%> 88%	**Y N N/A**	
Identity	Infrared Structure	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: _____

Approved By: _____**Date:**_____

Signature

DRAFT