Template

"Insert Your Instituion Information Here"

Not Responsible for Investigator's Use

Reagent/Supply Shipping Receipt & Verification

(Refer to Form-Q003)

Reagent/Supply: _____DMSO_ **Expiration Date: _____**

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

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	Visual Inspection	Colorless Liquid/ Passes Test	**Y N N/A**	
Purity	Gas Liquid Chromatography	99.9% (minimum)	**Y N N/A**	
Residual H_2O	Karl Fischer	0.005% H_2O (maximum) or 50 ppm	**Y N N/A**	
Residue After Evaporation	------	0.0005% (maximum) or 5 ppm	**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:
Signature

DRAFT