Template

, QVHLW< RXU, QVWWXXWRQ, QIRUP DWRQ + HLH

Not Responsible for Investigator's Use

Reagent/Supply Shipping Receipt & Verification

(Refer to Form-Q003)

Reagent/Supply: Acrodisc Syringe Filter, 0.2 µm **Expiration Date: _____**

Assigned Internal Tracking Number (ITN): SS-SPF-protein-_____

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: _____

For Supplies verify the Certificate of Quality with the Internal Specifications for Release for Further Manufacturing:

Parameter	Test Methodology	Specification	C of Q Verification	Comments
Bacterial Endotoxins	< 0.250 EU/ mL as determined by LAL Filter Integrity	Passes Test	Y N N/A	
Housing Integrity	No leakage at 45 psi for 60 seconds	Passes Test	Y N N/A	
Downstream Particle Count	< 100 particles ≥ 10 µm	Passes Test	Y N N/A	

Manufacturer's Certificate of Quality attached? Y N N/A

Verified By:BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB Date:BBBBBBBBBBBBBBBBBBBBBBBB

Released By:BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB Date:BBBBBBBBBBBBBBBBBBBBBBBB

Regulatory Affairs Approval:BBBBBBBBBBBBBBBBBBBBBBBBBB Date: BBBBBBBBBBBBBBBBBBBBBBBBBB

Signature

DRAFT