

STUDY PRODUCT RECEIPT

(FORM F)

Division of Allergy, Immunology and Transplantation
National Institute of Allergy and Infectious Diseases (NIAID)
National Institutes of Health (NIH)

Protocol Number: _____ Shipment Number: _____ Date: _____

Shipping To: _____ Attention: _____

Please complete this form to verify the contents of this shipment thoroughly with the enclosed packing slip. After completing by the unblinded pharmacy personnel, fax or email it back, along with the temperature data, and file it in the Pharmacy Binder:

Eminent Services
240-629-3298 (fax)
ShipAck@emiserv.com

Investigational Product/Supply Received	Quantity	Expiration Date	Lot Number

Date Received	Initials		Comments
	Yes	No	
<i>Check yes or no for each.</i>			
Shipment arrived intact?			
Package is still on dry ice?			
The IP remained frozen solid upon receipt?			
Does the quantity received match the quantity shipped?			If no, contact Eminent Services (240-629-1972 x107)
TempTale readings within acceptable storage condition range?			If no, contact Eminent Services (240-629-1972 x107)
All vials were immediately placed in an appropriate storage area?			

Signature of Recipient

Print Name

For assistance with ordering contact Eminent Services.
240-629-1972; ShipReq@emiserv.com