

AdiraMedica LLC	Form Number:	FORM-520B
Title: CTM Material Receiving Report	Revision:	01

### Delivery Acceptance (Complete At Material Delivery)

Item No.	Tracking No.	Client Name
Cool		Dry
Item Description		
Storage Conditions: Temperature		Other
Material placed in storage as documented above		<input type="checkbox"/> <input type="checkbox"/> N/A
Discrepancies and/or damaged documented on the shipping paperwork		<input type="checkbox"/> <input type="checkbox"/> N/A
Supporting documentation received attached		<input type="checkbox"/> <input type="checkbox"/> N/A
Shipment REJECTED. Reason documented on the shipping paperwork		<input type="checkbox"/> <input type="checkbox"/> N/A
Completed By (Name and Initials)/Date:		

### Receiving Report

RN	Lot No.	PO No.
L102522001	NR-02-178	
Vendor	Protocol No.	
UoM	Total Units (vendor count):	Total Storage Containers
Vendor Y		
<input type="checkbox"/> Expiration Date	<input type="checkbox"/> Retest Date	<input type="checkbox"/> Use-by-Date

<p>Verified the following Receiving Documents: (Check all that apply)</p> <p><input type="checkbox"/> Purchase Order <input type="checkbox"/> Packing Slip</p> <p><input checked="" type="checkbox"/> Bill of Lading <input checked="" type="checkbox"/> CoC/CoA</p> <p><input type="checkbox"/> SDS # <input type="checkbox"/> Invoice</p> <p><input type="checkbox"/> Other (Specify)</p> <p>Yes</p>	<p>Check all that apply and explain in the comments section</p> <p><input type="checkbox"/> Quantity discrepancies found</p> <p><input type="checkbox"/> Damage to shipping container(s)</p> <p><input type="checkbox"/> Damage to product within shipping container</p> <p><input type="checkbox"/> Temperature excursion</p> <p>NCMR: <input type="checkbox"/> N/A</p>
<p>Comments</p>	
<p>Received By (Name and Initials)/Date:</p>	