

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

Test Item A

**Delivery Acceptance (Complete At Material Delivery)**

<b>Item No.</b>	<b>Tracking No.</b>	<b>Room Temp</b>	<b>Client Name</b>	N/A
<b>Item Description</b>				
<b>Storage Conditions:Temperature</b>			<b>Other</b>	
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
<b>Completed By (Name and Initials)/Date:</b>				
L111122001			AM22004	

**Receiving Report**

Vendor X

P001

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

Expiration Date: 12/31/2024

<b>Verified the following Receiving Documents: (Check all that apply)</b>  <input type="checkbox"/> Purchase Order <input type="checkbox"/> Packing Slip <input type="checkbox"/> Bill of Lading <input type="checkbox"/> CoC/CoA <input type="checkbox"/> SDS # <input type="checkbox"/> Invoice <input type="checkbox"/> Other (Specify)	<b>Check all that apply and explain in the comments section</b>  <input type="checkbox"/> Quantity discrepancies found <input type="checkbox"/> Damage to shipping container(s) <input type="checkbox"/> Damage to product within shipping container <input type="checkbox"/> Temperature excursion NCMR: <input type="checkbox"/> N/A
<b>Comments</b>  <div style="text-align: center;">No</div>	
<b>Received By (Name and Initials)/Date:</b>	