AdiraMedica LLC						Form Nu	ımber:	FORM-520B	
Tittle: CTM Material Receiving Report						Revision:		01	
Delivery Accepta	nce (Comp	lete At Ma	terial De	elivery)					
Item No.	Tra	cking No.				Client Na	me		
Item Description									
Storage Condition		О	ther						
Material placed	ented abo	ove			V	N/A			
Discrepancies and/or damaged documented on the shipping paperwork $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$								N/A	
Supporting doc			V	N/A					
Shipment REJECTED. Reason documented on the shipping paper						rk		N/A	
Completed By (Name and Initials)/Date:									
Receiving Report									
RN		Lot No.			PO No				
Vendor					Protoc	ocol No.			
UoM	Total Units (vendor count				Total S	Storage Containers			
☑ Expiration Date	F	Retest Date	<u> </u>	Use-by-Date					
Verified the follo	Check all tha	it apply a	nd explaii	n in the	comments				
(Check all that ap	ply)			section					
☐ Purchase Ord	ler	Packii	ng Slip	☐ Quantity	discrepa	ncies four	nd		
☑ Bill of Lading	of Lading 🗆 CoC/CoA			☐ Damage to shipping container(s)					
☑ SDS#	# Invoice Damage to product within shipping container							container	
☐ Other (Specify)				☐ Temperature excursion					
				NCMR:				☑ N/A	
Comments									
Received By (Nar	ne and Initi	ials)/Date:							

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