AdiraMedica LLC						Form Nun	nber:	FORM-520B	
Tittle: CTM Material Receiving Report						Revision:		01	
Delivery Accep	otance (Cor	mplete At Ma	terial Del	ivery)					
Item No.	1	racking No.				Client Nam	е		
Item Description	on								
Storage Condit		Ot	ther						
Material place	nted abo	ve		[N/A			
Discrepancie	s and/or da	nented o	n the shippin	ıg paperv	work [N/A		
Supporting documentation received attached N/A								N/A	
Shipment REJECTED. Reason documented on the shipping papers						rk [N/A	
Completed By (Name and Initials)/Date:									
Receiving Repo	ort								
RN		Lot No.			PO No				
Vendor					Protoc	tocol No.			
UoM	Tot	al Units (vendo	or count):		Total S	Storage Con	tainer	S	
☐ Expiration D	ate 🗆	Retest Date	. 🗆 (Jse-by-Date					
Verified the following Receiving Documents: (Check all that apply)				Check all tha	t apply a	ınd explain i	n the	comments	
□ Purchase C	• • • •	□ Packir	ng Slip	☐ Quantity	discrepa	ancies found			
☐ Bill of Ladir	ng	☐ CoC/C	CoA	□ Damage	to shippi	ing containe	r(s)		
☐ SDS#								container	
☐ Other (Specify)				☐ Temperature excursion					
				NCMR:				□ N/A	
Comments									
Received By (N	ame and I	nitials)/Date:							

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