

<b>CRYOGENE</b> a cryoport company	GOVERNING SOP: <b>SHIPMENT OF PRODUCT &amp; SAMPLES</b>
DOCUMENT TYPE	<b>FORM</b>
SOP NUMBER / FORM	<b>215 FA</b>
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## FORM A: PRODUCT & SAMPLE SHIPMENT REQUEST FORM

CRYOGENE USE ONLY: JOB OR REFERENCE # \_\_\_\_\_

**CLIENT INSTRUCTION: Please complete and email this form to Requests@cryogenelab.com**

SECTION 1: SHIPMENT REQUEST INFORMATION					
CHECK ONE:			Desired Shipment Date:	Desired Arrival Date:	
<input type="checkbox"/> Shipment to <u>CryoGene</u> for storage at CryoGene <input type="checkbox"/> Shipment of product <u>from CryoGene</u> to client site or designated site <input type="checkbox"/> Other:					
Client Company Name		Client Contact Name		Client Contact	
				Email:	
				Phone:	
Manufacturer or Site if not shipment directly from Client		or <input type="checkbox"/> N/A			
Shipment Destination (Address)					
Recipient Contact Name		Recipient Contact Email		Recipient Contact Cell Phone #	
Designated Courier/Shipper Company	<input type="checkbox"/> Cryoport <input type="checkbox"/> FedEx <input type="checkbox"/> World Courier <input type="checkbox"/> Other:	Account #	Tracking# (if known) or <input type="checkbox"/> N/A		
SECTION 2: PRODUCT INFORMATION					
Transport Conditions (Check one)	<input type="checkbox"/> Dry Ice <input type="checkbox"/> LN2 vapor <input type="checkbox"/> +2 to +8°C <input type="checkbox"/> Ambient Room Temp <input type="checkbox"/> Other (specify):	Storage Requirements (Check one)	<input type="checkbox"/> -80°C <input type="checkbox"/> -20°C <input type="checkbox"/> +2 to +8°C <input type="checkbox"/> LN2 vapor <input type="checkbox"/> LN2 liquid <input type="checkbox"/> Ambient Room Temp <input type="checkbox"/> Other (specify):		
Product Container Type(s) & Quantity	<input type="checkbox"/> Vial(s) #: _____ <input type="checkbox"/> Cassette(s) #: _____ <input type="checkbox"/> Bag(s) #: _____ <input type="checkbox"/> Other (specify type and quantity):	<input type="checkbox"/> Box(es) (measured by height) #: _____ 2": _____ 4": _____ 3": _____ 5": _____	Shipper Type/Model (if known)	Shipper SN/ID #	
			or <input type="checkbox"/> N/A	or <input type="checkbox"/> N/A	
Product Label ID(s) <i>(Attach separate list of product/sample label IDs and quantity of each if needed)</i>					
Check all that apply:	TYPE: <input type="checkbox"/> Human <input type="checkbox"/> Other: _____ <input type="checkbox"/> Virus <input type="checkbox"/> Bacteria <input type="checkbox"/> Blood <input type="checkbox"/> cGMP Cell Bank <input type="checkbox"/> Tissue Type: _____ <input type="checkbox"/> Client Product (specify): _____ <input type="checkbox"/> Cell Line (specify): _____ <input type="checkbox"/> Other (specify):		STORAGE & HANDLING: <input type="checkbox"/> Infectious <input type="checkbox"/> Not Infectious <input type="checkbox"/> Special Handling is Required (provide instructions with request)		
			PURPOSE: <input type="checkbox"/> Clinical/cGMP/cGTP/GCP <input type="checkbox"/> Research <input type="checkbox"/> Other (specify):		
Comments: <input type="checkbox"/> None					
Completed and Shipment Authorized by (Printed Name):		Signature		Date	
CryoGene Use Only		Received and Reviewed By		Date	

Controlled Form-Issued by CryoGene QA