

CRYOGENE a cryoport company	GOVERNING SOP: SHIPMENT OF PRODUCT & SAMPLES
DOCUMENT TYPE	FORM
SOP NUMBER / FORM	215 FA
EFFECTIVE DATE/ FORM REVISION #	07-25-22/003

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

SHIPPING ADDRESS: CryoGene 9300 Kirby Dr. STE 200, Houston, TX 77054-2517, USA Phone: 713-664-1600

SECTION 1: SHIPMENT REQUEST INFORMATION			
CHECK ONE:		Desired Shipment Date:	Desired Arrival Date:
<input type="checkbox"/> Shipment to CryoGene for storage at CryoGene <input type="checkbox"/> Shipment of product from CryoGene 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"/> Quick <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
<i>CryoGene Use Only</i>	Received and Reviewed By	Date

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