

CRYOGENE a cryoport company	GOVERNING SOP: WAREHOUSE INVENTORY MANAGEMENT
DOCUMENT TYPE	FORM
SOP NUMBER / FORM	601 FA
EFFECTIVE DATE/ FORM REVISION #	07-25-22/002

FORM A: WAREHOUSE STORAGE/DISTRIBUTION REQUEST FORM

Please email completed form to Warehouse@cryogenelab.com

SHIPPING ADDRESS: CryoGene 9300 Kirby Dr. STE 600, Houston, TX 77054-2517, USA Phone: 713-664-1600

REQUEST INFORMATION					
Request Type		Request Date:	Expected Shipment/ Transport Date:	Expected Arrival at Destination	
<input type="checkbox"/> Material Storage at CryoGene <input type="checkbox"/> Material Retrieval from CryoGene					
Requestor Name	Title/Dept	Requestor Cell #	Requestor Email		Requestor Company
Origin Company/Address	<input type="checkbox"/> CryoGene-Houston				
Destination Company/Address	<input type="checkbox"/> CryoGene-Houston				
Contact in Case of Discrepancy					
Company Purchase Order # or other Ref Document ID*		Shipper/Transport Company	<input type="checkbox"/> CryoGene		
Transport Conditions	<input type="checkbox"/> +2 to +8°C <input type="checkbox"/> Ambient Temp	Temp Monitoring During Transport?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
MATERIAL INFORMATION (NOTE: IF FINISHED OR FINAL PRODUCT USE FORM 201FA/215FA)					
SDS Available? <input type="checkbox"/> No <input type="checkbox"/> Yes-Attached <input type="checkbox"/> Yes-on File at CryoGene					
Special Handling Requirements?: <input type="checkbox"/> No <input type="checkbox"/> Yes Describe: _____					
Material Number:	<input type="checkbox"/> See attached				
Material Description:	<input type="checkbox"/> See attached				
Lot Number	<input type="checkbox"/> See attached				
Quantity			Exp Date		
<input type="checkbox"/> See attached			<input type="checkbox"/> See attached		
Receive As (Status post acceptable inspection):	<input type="checkbox"/> Active/Released <input type="checkbox"/> Quarantine <input type="checkbox"/> Damaged <input type="checkbox"/> Other: _____				
Storage Requirements	<input type="checkbox"/> +2 to +8° C <input type="checkbox"/> Ambient Room Temp (+15 to +30°C)				
Comments:	<input type="checkbox"/> See attached <input type="checkbox"/> N/A				
Authorized by Signature		Printed Name	Date		
CryoGene Use Only	Comments/Notes:				<input type="checkbox"/> See attached <input type="checkbox"/> N/A
	Request Received and Reviewed By/Date:				

*Attach PO to request

Controlled Form Issued by CryoGene QA