

DOCUMENT TYPE

FORM

SOP NUMBER / FORM

215 FA

EFFECTIVE DATE/ FORM REVISION #

08-21-23/004

FORM A: PRODUCT & SAMPLE SHIPMENT REQUEST FORM

(CRYOGENE USE ONLY) TRANSACTION ID:

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

Client Company Name		Client Contact Name		Client Contact	
				Email:	
				Phone:	
CHECK ONE: <input type="checkbox"/> Shipment <u>TO</u> CryoGene <input type="checkbox"/> Shipment <u>FROM</u> CryoGene			Target Arrival or Shipment Date		
Shipment Origin: _____ or <input type="checkbox"/> N/A		Shipment Destination: _____ or <input type="checkbox"/> N/A		Client Recipient Information:	
				Name:	
				Email:	
				Phone:	
Designated Courier/Shipper Company (Check all that apply)		<input type="checkbox"/> Cryoport <input type="checkbox"/> CRYOPDP <input type="checkbox"/> Quick <input type="checkbox"/> World Courier <input type="checkbox"/> FedEx <input type="checkbox"/> UPS <input type="checkbox"/> Other: _____		Account #	
				<input type="checkbox"/> N/A	
				Tracking/Reference Number(s)	
				<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"/> -20°C <input type="checkbox"/> Ambient Room Temp		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	
Product Container Type(s) & Quantity		<input type="checkbox"/> Vial(s) #: _____ <input type="checkbox"/> Box(es) _____ <input type="checkbox"/> Cassette(s)/Bag(s) #: _____ <input type="checkbox"/> Other (specify type and quantity): _____		Shipping Materials to be provided by:	
				<input type="checkbox"/> CLIENT/COURIER <input type="checkbox"/> CRYOGENE (As per client specification)	
				Temperature Logging Required?	
				<input type="checkbox"/> YES <input type="checkbox"/> No	
Client Requested Inventory Mgt Level:		<input type="checkbox"/> Box <input type="checkbox"/> Bag/Cassette <input type="checkbox"/> Vial (additional fees may apply) <input type="checkbox"/> Other: (specify) _____ <input type="checkbox"/> N/A-Shipment From CG			
Product Label ID(s) (Attach separate list of product/sample label IDs and quantity of each if needed)					
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		Notes or <input type="checkbox"/> N/A		Received and Reviewed By Initials/Date	

Controlled Form-Issued by CryoGene QA