

 <b>CRYOGENE</b>	GOVERNING SOP: <b>SAMPLE HANDLING &amp; TRANSPORT</b>
DOCUMENT TYPE	<b>FORM</b>
SOP NUMBER / FORM	<b>201 FA</b>
EFFECTIVE DATE/ FORM REVISION #	<b>12-27-23/007</b>
<b>FORM A: SAMPLE/PRODUCT/MATERIAL TRANSPORT REQUEST</b>	(CRYOGENE USE ONLY) TRANSACTION ID:

To schedule a local transport of samples to or from CryoGene or site to site via CryoGene vehicle **email this completed form to [Requests@cryogenelab.com](mailto:Requests@cryogenelab.com)** at least 24 hours prior to expected delivery date. Call CryoGene at +1(713) 664-1600 if you have any questions.

**NOTE: For transport of freezers/storage units with samples-use Form 205FA. For shipments via commercial shipper/courier please use Form 215FA.**

SECTION I: TRANSPORT REQUEST INFORMATION			
<b>SAMPLE/PRODUCT TYPE:</b> <input type="checkbox"/> CLINICAL/GMP/GTP/GCP <input type="checkbox"/> Research <input type="checkbox"/> Other :		Today's Date:	Desired Transport Date:
<b>Service Type (Check One):</b> <input type="checkbox"/> Transport TO CRYOGENE for Storage <input type="checkbox"/> Transport FROM CRYOGENE to designated site <input type="checkbox"/> Transfer SITE TO SITE (no storage at CryoGene):attach details		Desired CryoGene Arrival Time(s):	
Company	Department (required for Hospital sites)	Building/Location	Room #
Primary Contact Name	Primary Contact Email	Primary Contact Cell Phone #	Principal Investigator
Secondary Contact Name (required)		Secondary Contact Cell Phone #	<input type="checkbox"/> N/A
SECTION II: SAMPLE/PRODUCT/MATERIAL INFORMATION			
<b>Transport Conditions (Check one)</b> <input type="checkbox"/> Dry Ice <input type="checkbox"/> LN2 vapor <input type="checkbox"/> LN2 liquid <input type="checkbox"/> +2 to +8°C <input type="checkbox"/> -20°C <input type="checkbox"/> Ambient Room Temp	<b>Storage Requirements (Check one)</b> <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"/> N/A-Site to Site Transfer		
<b>Sample/Product Container Type(s) &amp; Quantity</b> <input type="checkbox"/> Vial(s) #: _____ <input type="checkbox"/> Bag(s)/ Cassette(s) #: _____ <input type="checkbox"/> Other (specify type and quantity): _____	<input type="checkbox"/> Box(es) (measured by height): # of 2": _____ # of 3": _____ # of 4": _____ # of 5": _____		
<b>Client Requested Inventory Mgt Level (For Storage Requests only):</b>	<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		
<b>Sample/Product Label ID(s) or Inventory ID(s)</b> (or <input type="checkbox"/> See Attached List/Report)			
<b>Check all that apply:</b>	<b>TYPE:</b> <input type="checkbox"/> Virus <input type="checkbox"/> Bacteria <input type="checkbox"/> Blood <input type="checkbox"/> Human <input type="checkbox"/> Tissue Type (specify): _____ <b>Storage &amp; Handling:</b> <input type="checkbox"/> Infectious <input type="checkbox"/> Not Infectious		
<input type="checkbox"/> Client Product (specify): _____ <input type="checkbox"/> Cell Line (specify): _____ <input type="checkbox"/> Other (specify): _____			
<b>Comments:</b> <input type="checkbox"/> None			
<b>COMPLETED AND AUTHORIZED BY (CLIENT REP PRINTED NAME):</b>		<b>INITIALS OR SIGNATURE</b>	<b>DATE</b>
<i>CryoGene Use Only</i>		<i>Notes or</i> <input type="checkbox"/> N/A	<i>Received and Reviewed By Initials/Date</i>

Controlled Form-Issued by CryoGene QA