

	GOVERNING SOP: SHIPMENT OF PRODUCT & SAMPLES
DOCUMENT TYPE	FORM
SOP NUMBER / FORM	215 FA
EFFECTIVE DATE/ FORM REVISION #	12-27-23/005
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 TO CryoGene		Target Arrival or Shipment Date	
<input type="checkbox"/> Shipment FROM CryoGene			
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)		Account #	
<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: _____		<input type="checkbox"/> N/A	
		Tracking/Reference Number(s)	
		<input type="checkbox"/> N/A	

SECTION 2: PRODUCT INFORMATION			
Transport Conditions (Check one)		Storage Requirements (Check one)	
<input type="checkbox"/> Dry Ice <input type="checkbox"/> LN2 vapor <input type="checkbox"/> +2 to +8°C		<input type="checkbox"/> -80°C <input type="checkbox"/> -20°C <input type="checkbox"/> +2 to +8°C	
<input type="checkbox"/> -20°C <input type="checkbox"/> Ambient Room Temp		<input type="checkbox"/> LN2 vapor <input type="checkbox"/> LN2 liquid	
<input type="checkbox"/> Ambient Room Temp			
Product Container Type(s) & Quantity		Shipping Materials to be provided by:	
<input type="checkbox"/> Vial(s) #: _____ <input type="checkbox"/> Box(es) _____		<input type="checkbox"/> CLIENT/COURIER	
<input type="checkbox"/> Cassette(s)/Bag(s) #: _____		<input type="checkbox"/> CRYOGENE (As per client specification)	
<input type="checkbox"/> Other (specify type and quantity): _____		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
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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: _____	STORAGE & HANDLING:
	<input type="checkbox"/> Virus <input type="checkbox"/> Bacteria <input type="checkbox"/> Blood <input type="checkbox"/> cGMP Cell Bank	<input type="checkbox"/> Infectious <input type="checkbox"/> Not Infectious
	<input type="checkbox"/> Tissue Type: _____	<input type="checkbox"/> Special Handling is Required (provide instructions with request)
<input type="checkbox"/> Client Product (specify): _____	PURPOSE:	
<input type="checkbox"/> Cell Line (specify): _____	<input type="checkbox"/> Clinical/cGMP/cGTP/GCP <input type="checkbox"/> Research	
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Other (specify): _____	

Comments: <input type="checkbox"/> None			
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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

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