

	GOVERNING SOP: WAREHOUSE INVENTORY MANAGEMENT
DOCUMENT TYPE	FORM
SOP NUMBER / FORM	601 FA
EFFECTIVE DATE/ FORM REVISION #	12-27-23/002
FORM A: WAREHOUSE STORAGE/ DISTRIBUTION REQUEST FORM	(CRYOGENE USE ONLY) TRANSACTION ID:

Please email completed form to Requests@cryogenelab.com

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 <i>(NOTE: IF FINISHED OR FINAL PRODUCT USE FORM 201FA/215FA)</i>					
Special Handling Requirements?: <input type="checkbox"/> No <input type="checkbox"/> Yes Describe: _____					
SDS Required? <input type="checkbox"/> No <input type="checkbox"/> Yes-Attached					
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