CRYOGENE	GOVERNING SOP: SHIPMENT OF PRODUCT & SAMPLES
DOCUMENT TYPE	FORM
SOP NUMBER / FORM	215 FA
EFFECTIVE DATE/ FORM REVISION #	07-10-26/006
FORM A: PRODUCT & SAMPLE SHIPMENT REQUEST FORM	(CRYOGENE USE ONLY) TRANSACTION ID:

CLIENT INSTRUCTION: Please complete and email this form to Requests@cryogenelab.com (for the Houston Site) or SArequests@cryogenelab.com (for the San Antonio Site)

SHIPPING ADDRESSES: CryoGene 9300 Kirby Dr. STE 200, Houston, TX 77054-2517, USA Phone: 713-664-1600
CryoGene 12621 Silicon Dr. STE 116, San Antonio, TX 78249-3412, USA Phone: 713-664-1600

SECTION 1: SHIPMENT REQUEST INFORMATION

Client Company Name	Client Contact Name	Client Contact
		Email:
		Phone:

CHECK ONE: ☐ Shipment TO CryoGene ☐ Houston or ☐ San Antonio
☐ Shipment FROM CryoGene ☐ Houston or ☐ San Antonio

Target Arrival or Shipment Date:

Shipment Origin: or ☐ N/A	Shipment Destination: or ☐ N/A	Client Recipient Information:
		Name:
		Email:
		Phone:

Designated Courier/Shipper Company (Check all that apply)	Account #	Tracking/Reference Number(s)
☐ Cryoport ☐ Quick ☐ World Courier ☐ FedEx ☐ UPS ☐ Other:_____	☐ N/A	☐ N/A

SECTION 2: PRODUCT INFORMATION

Transport Conditions (Check one)
☐ Dry Ice ☐ LN2 vapor ☐ +2 to +8°C ☐ -20°C ☐ Ambient Room Temp

Storage Requirements (Check one)
☐ -80°C ☐ -20°C ☐ +2 to +8°C ☐ LN2 vapor ☐ LN2 liquid ☐ Ambient Room Temp

Product Container Type(s) & Quantity
☐ Vial(s) #: _____ ☐ Box(es) _____
☐ Cassette(s)/Bag(s) #: _____
☐ Other (specify type and quantity):

Shipping Materials to be provided by:
☐ CLIENT/COURIER
☐ CRYOGENE (As per client specification)

Temperature Logging Required?
☐ YES ☐ No

Client Requested Inventory Mgt Level:
☐ Box ☐ Bag/Cassette ☐ Vial *(additional fees may apply)* ☐ Other: (specify) ☐ N/A-Shipment From CG

Product Label ID(s) *(Attach separate list of product/sample label IDs and quantity of each if needed)*
(or ☐ See Attached List/Report)

Check all that apply:
TYPE: ☐ Human ☐ Other:_____
☐ Virus ☐ Bacteria ☐ Blood ☐ cGMP Cell Bank
☐ Tissue Type: _____
☐ Client Product (specify):_____
☐ Cell Line (specify): _____
☐ Other (specify): _____

STORAGE & HANDLING:
☐ Infectious ☐ Not Infectious
☐ Special Handling is Required (provide instructions with request)

PURPOSE:
☐ Clinical/cGMP/cGTP/GCP ☐ Research
☐ Other (specify):

Comments: ☐ None

Completed and Shipment Authorized by (Printed Name):	Signature	Date

CryoGene Use Only	*Notes or ☐ N/A*	*Received and Reviewed By Initials/Date*	

Controlled Form-For CryoGene Use