

**SHIPMENT RECEIPT ACKNOWLEDGE (FORM F)**  
 Division of Allergy, Immunology, and Transplantation  
 National Institute of Allergy and Infectious Diseases (NIAID)  
 National Institutes of Health (NIH)

Investigational Product/Supply	Quantity	Expiration Date	Lot Number

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**Once received at the site investigational pharmacy, the unblinded pharmacist must fill out and initial this form and fax or email it back to:**

\*File this form in the SECDs\*

**Eminent Services**  
**240-629-3298 (fax)**  
**ShipAck@emiserv.com**

		Initials	Comments
Date Received	/ /	_____	_____
Shipper arrived intact.	Yes No	_____	_____
Package is still on dry ice.	Yes No	_____	_____
The sample vials remained frozen solid upon receipt.	Yes No	_____	_____
Does the quantity received match the quantity shipped?	Yes No	_____	If no, contact Eminent Services (240-629-1972 x 107)
TempTale readings within acceptable storage condition range?	Yes No	_____	If no, contact Eminent Services (240-629-1972 x 107)
All vials were immediately placed in an appropriate storage area.	Yes No	_____	_____

\_\_\_\_\_  
 Signature of Recipient

\_\_\_\_\_  
 Print Name

For assistance with ordering, contact the Eminent Services, Raghu Yaramolu.  
 240-629-1972 x107; [ShipReq@emiserv.com](mailto:ShipReq@emiserv.com)