



## Division of Cellular Therapy

**DOCUMENT NUMBER:** ABMT-GEN-019 FRM1**DOCUMENT TITLE:**

Material Acceptance Specification Quality Checklist FRM1

**DOCUMENT NOTES:**

4D.310 (FRM 7)

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ABMT-GEN-019 FRM1  
Material Acceptance Specification Quality Checklist FRM1  
(To be completed by Receiver)

Complete all the information below when receiving inventory

TYPE OF MATERIAL/SUPPLY: \_\_\_\_\_ VENDOR: \_\_\_\_\_

CATALOG NUMBER: \_\_\_\_\_ UNIT SIZE: \_\_\_\_\_

Material Specification Criteria

Receiver Initials	Receipt Date	Lot Number	Expiration Date	Quantity (QTY) Received	QTY Received Matches QTY on Packing Slip	Material Passes Visual Inspection	Package Insert Included	COA/COC Obtained	Released by CQP (Sign/date)
					<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	
					<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	
					<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	
					<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	
					<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	

Comments \_\_\_\_\_

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**ABMT-GEN-019 FRM1**  
**Material Acceptance Specification Quality Checklist FRM1**  
**Instructions for Use**

1. TYPE OF MATERIAL/SUPPLY	Record type of material/supply in the <b>Type of Material/Supply</b> field.
2. VENDOR	Record the vendor in the <b>Vendor</b> field.
3. CATALOG NUMBER	Record the catalog number in the <b>Catalog Number</b> field.
4. UNIT SIZE	Record the unit (each, case, box, roll, bottle, etc.) in the <b>Unit Size</b> field.
5. Receiver Initials	The person who receives the supplies.
6. Receipt Date	Record the date received in the <b>Date</b> field.
7. Lot Number	Record the lot number in the <b>Lot Number</b> field.
8. Expiration Date	Record the expiration date of the supply in the <b>Expiration Date</b> field.
9. Quantity (QTY) Received	Record the quantity received in the <b>QTY</b> field.
10. QTY Received Matches QTY on Packing Slip	Check <b>Yes</b> or <b>No</b> . <b>If discrepancy must be resolved</b> , complete <b>ABMT-GEN-019 FRM 3 Unacceptable Supply Corrective Action Log</b> .
11. Material Passes Visual Inspection	Check <b>Yes</b> or <b>No</b> . <i>Visual inspection: Intact labels; packages are intact with no evidence of tampering; solutions are clear, normal color, and without cloudiness, and with no evidence of contamination.</i> <b>If No</b> , complete <b>ABMT-GEN-019 FRM 3 Unacceptable Supply Corrective Action Log</b> .
12. Package insert included	Check <b>Yes</b> or <b>No</b> for Package insert included. <b>If Yes</b> , Complete <b>ABMT-GEN-019 FRM2 Package Insert Review Log</b> .
13. COA/COC obtained	Check <b>Yes</b> or <b>No</b> if Certificate of Analysis (COA) and/or Certificate of Compliance (COC) is obtained. Refer to <b>ABMT-GEN-019 Adult Apheresis/Photopheresis Supply Management</b> .
14. Released by CQP (sign/date):	Clinical Quality Program (CQP) personnel will review the form for completeness to assure that product inspection has occurred and product is acceptable for release.
15. Comments	Document comments. At completion of any comments, initial and date.

**Signature Manifest****Document Number:** ABMT-GEN-019 FRM1**Revision:** 07**Title:** Material Acceptance Specification Quality Checklist FRM1**Effective Date:** 08 May 2025

All dates and times are in Eastern Time.

**ABMT-GEN-019 FRM1 Material Acceptance Specification Quality Checklist****Author**

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**Document Release**

Name/Signature	Title	Date	Meaning/Reason
Amy McKoy (ACM93)	Document Control Specialist	24 Apr 2025, 10:12:36 AM	Approved