**SAMPLE SHIPMENT FORM**

**Recipient: Sender: Shipment Information:**

[Recipient Person] [Sender Person] [Quotation Number]

PHARMAPROGRESS Srl [Company] [Study Number]

Via Emilia Romagna, snc [Address] [Number of Items]

60030 Monsano [Purchase Order] [Date]

Ancona. Italy

 [ ]  Data Logger

**Content:**

|  |  |  |  |  |  |  |
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| **Samples and Materials** (reagents, standards, columns or others) | **Batch** | **Expected Quantity** | **Delivered Quantity** | **Storage Conditions**  | **Handling Conditions** | **Safety Data Sheet** |
| **Temperature** | **No Light** |
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**Comments** (please, justify differences in quantities, if any) **Additional Information: Signature:**

|  |  |  |  |  |
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|  |  | **Reception schedule:** Monday to Thursday 8:30 to 16:00 and Friday 8:30 to 14:00.**Phone:** +39 071 749 9919**Disclaimer:** A detailed checking of the shipment content will be done within the following 15 days from the reception date.  |  |  |