

NCI-Frederick VENDOR QUALITY ASSURANCE

Date:	Receiving Facility:	Contact Name and Phone #:
Investigator:		Species/ Strain:
Vendor Name:	Vendor Contact:	
Date Received:	Order Number:	

Please respond to the following questions and provide applicable comments/descriptions below

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is accompanying paperwork/information adequate?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the species and strain correct?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were the correct numbers of animals received?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the animals of the appropriate sex?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the animals of the appropriate age/size?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are animals pregnant as requested?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do embryo/fetus size or birth dates correspond to gestational age ordered?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the animals in poor condition or do they have lesions/injuries? *
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was vendor notified that the order was not filled as requested and/or that animals were received in poor condition? <i>Date of Notification:</i> _____

Comments:

* Description of poor condition/lesions/injuries [% of animals affected]:

Please fax this form immediately to Ms. Linda Blumenauer (x1694) and then bring completed forms to the monthly Manager and Supervisor Meeting