

## Storage Temperature Excursion Form

Protocol No.		Site Number:
Principal Investigator		Country:
Contact Name:		
Lot Number(s):		
Kit Number(s):		
<b>Excursion Details</b>		
Duration of Excursion:		
Temperature recorded:	Highest:	Lowest:
Start Date of Excursion		
End Date of Excursion		
Has any of the affected product been dispensed following the temperature excursion?	<input type="checkbox"/> No <input type="checkbox"/> Yes – if so, specify kit number dispensed:	
Please specify date of resupply is needed		
Reason for Temperature Excursion:	<input type="checkbox"/> Inappropriate Storage <input type="checkbox"/> Wheather Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Refrigerature / Freezer Failure <input type="checkbox"/> Refrigerature / Freezer not closed / sealed <input type="checkbox"/> Thermometer Failure <input type="checkbox"/> Other, please specify	
	Specify for "other":	
Additional Information:		

Reporter Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_