

# BIOPHARMATRIX: VENDOR QUALIFICATION CHECKLIST (LIFE SCIENCES)

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This checklist is designed to evaluate and approve vendors providing products or services to high-complexity laboratory environments and innovation centers.

## 1. Regulatory & Compliance

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- **EHS Alignment:** Does the vendor follow local Environmental Health & Safety guidelines for delivery and removal?
- **Hazardous Materials:** If providing chemicals or bio-agents, are SDS (Safety Data Sheets) provided for every shipment?
- **Permits:** Does the vendor hold necessary city or state permits for specialized services (e.g., waste hauling, gas manifold installation)?
- **Insurance:** Does the vendor carry adequate liability insurance for working within BSL-2 environments?

## 2. Technical Capabilities

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- **Calibration Standards:** For equipment vendors, do they provide NIST-traceable calibration certificates?
- **Maintenance Support:** Is there a guaranteed response time for equipment repair (e.g., 24-48 hours)?
- **Sterilization Compatibility:** Are products (plastics, tools) certified autoclavable or DNA/RNase-free?
- **Interoperability:** Does the equipment integrate with standard lab monitoring systems (e.g., -80C temperature alarms)?

## 3. Operational Logistics

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- **Ordering Protocol:** Is there a dedicated online portal or account manager for the facility?
- **Delivery Security:** Is the vendor cleared for secure-access facilities (Pennovation Center protocols)?
- **Inventory Visibility:** Does the vendor provide real-time tracking for bulk consumable orders (gloves, tips)?
- **Sustainability:** Does the vendor offer recycling programs (e.g., pipette tip box recycling)?

## 4. Relationship & Stability

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- **Financial Stability:** Is the vendor an established entity with a proven track record in life sciences?

- **Technical Support:** Does the vendor provide on-site training for complex instrumentation?
- **Referral Policy:** Can the vendor provide references from other life science incubators or university labs?

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**Approval Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*BioPharMatrix Operational Oversight\*