# **PURPOSE**

This form is to communicate Supplier Initiated Action Requests (SIARs) to Azenta.

Once the SIAR form has been processed by Azenta, the supplier will be provided with a SIAR number for their reference.

# **REFERENCE DOCUMENTS, FORMS**

| **Internal Document References -**  |
| --- |
| **Document Number** | **Document/Form Name**  |
| SCM100110 | SUPPLIER INITIATED ACTION REQUEST  |

# **DETAILS**

Please ensure all fields with an Asterix (\*) are populated. Once complete, please return form to SupplierActionRequest@azenta.com.

**3.1. Contact Information:**

|  |  |
| --- | --- |
| \*Supplier Name: | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| \*Oracle Cloud Supplier Number: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \*Supplier Contact Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \*Supplier Contact Email: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| \*Azenta Buyer Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \*Azenta Location: | Choose an item |

**3.2. SIAR Information:**

|  |  |
| --- | --- |
| \*SIAR Change Class:  | Choose an item |
| \*Immediate Impact to Shipment? | [ ]  Yes | [ ]  No |
|  |  |
| \*Description of Change: | Click here to enter text |
|  |  |
| \*Reason for Change: | Click here to enter text |

Please include any supporting documents as attachments ON the email submission.

**3.3 Waiver Information:**

|  |  |  |
| --- | --- | --- |
| \*Waiver Requested? |  Choose an item | If **NO**, move onto section 3.4. If **YES**, please enter the waiver details below based on the type of waiver selected |
| Quantity Specific: |  |  |  |
| Waiver Quantity | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  |  |  |
| Date Specific: |  |  |  |
| Waiver Start Date | Select a date | Waiver End Date | Select a date |
|  |  |  |  |
| PO Specific: |  |  |  |
| Supplier PO Number | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| PO Item Number | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PO Quantity | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**3.4. Item Information** – please enter item information as it appears on the PO

|  |  |  |
| --- | --- | --- |
| \*Azenta Item Number | \*Azenta Item Revision | \*Azenta Item Description |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |  |

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**3.5. Azenta Use Only:**

|  |  |
| --- | --- |
| Agile SIAR Number: | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

# **RECORD RETENTION**

For Control and Retention of Quality Records, see QMS101517