



- SHIPPING DOCUMENTS -

1. SHIPMENT FAX FORM
2. FEDEX AIRBILL

1. SHIPMENT FAX FORM

The Shipment Fax Form is used by the serum bank to identify specimen shipments that may have been lost or detained. When such shipments are recognized, the serum bank can initiate prompt search and recovery. The serum bank also uses this form to identify missing or damaged specimens within a shipment.

Complete all information required on the Laboratory Fax Form. Please ensure that all necessary information is complete and legible. Refer to Appendix D for reference.

Fax the completed Laboratory Fax Form to **780-492-0886** before shipping the specimens.

- Enclose a copy of the Laboratory Fax Form with the shipment
- Keep the original on file at the clinic on patients records
- Should a shipment change (IE. Specimen added, or removed, the shipment cancelled, delayed, or misrouted, etc.) after you have sent the fax, please notify the BBP Central Surveillance Lab promptly.

Contact Attention to:

Jonathan Hooton, Laboratory Director
Blood Borne Pathogens Surveillance Project
MSB 4-71
University of Alberta
Edmonton, Alberta
T6G 2H7
T. 1-780-918-4878
F. 1-780-492-0886

It is not necessary to use a fax cover sheet with the Laboratory Fax Form.



Blood Borne Pathogens Surveillance Project
MSB 4-71
University of Alberta
Edmonton, Alberta
T6G 2H7
T. 1-780-918-4878
F. 1-780-492-0886

LABORATORY FAX FORM

1 (780) 492-0886
ATTENTION: JONATHAN HOOTON

Date FAX Sent: _____

Received: _____

To be filled out by Central Lab only

CLINIC
CLINIC NAME

DATE SPECIMEN(S) DRAWN: _____ DATE SPECIMEN(S) SENT: _____

1. CHR #: _____ <input type="checkbox"/> Genetic consent <input type="checkbox"/> Surveillance consent	2. CHR #: _____ <input type="checkbox"/> Genetic consent <input type="checkbox"/> Surveillance consent	3. CHR #: _____ <input type="checkbox"/> Genetic consent <input type="checkbox"/> Surveillance consent	4. CHR #: _____ <input type="checkbox"/> Genetic consent <input type="checkbox"/> Surveillance consent	5. CHR #: _____ <input type="checkbox"/> Genetic consent <input type="checkbox"/> Surveillance consent
6. CHR #: _____ <input type="checkbox"/> Genetic consent <input type="checkbox"/> Surveillance consent	7. CHR #: _____ <input type="checkbox"/> Genetic consent <input type="checkbox"/> Surveillance consent	8. CHR #: _____ <input type="checkbox"/> Genetic consent <input type="checkbox"/> Surveillance consent	9. CHR #: _____ <input type="checkbox"/> Genetic consent <input type="checkbox"/> Surveillance consent	10. CHR #: _____ <input type="checkbox"/> Genetic consent <input type="checkbox"/> Surveillance consent
11. CHR #: _____ <input type="checkbox"/> Genetic consent <input type="checkbox"/> Surveillance consent	12. CHR #: _____ <input type="checkbox"/> Genetic consent <input type="checkbox"/> Surveillance consent	13. CHR #: _____ <input type="checkbox"/> Genetic consent <input type="checkbox"/> Surveillance consent	14. CHR #: _____ <input type="checkbox"/> Genetic consent <input type="checkbox"/> Surveillance consent	15. CHR #: _____ <input type="checkbox"/> Genetic consent <input type="checkbox"/> Surveillance consent
16. CHR #: _____ <input type="checkbox"/> Genetic consent <input type="checkbox"/> Surveillance consent	17. CHR #: _____ <input type="checkbox"/> Genetic consent <input type="checkbox"/> Surveillance consent	18. CHR #: _____ <input type="checkbox"/> Genetic consent <input type="checkbox"/> Surveillance consent	19. CHR #: _____ <input type="checkbox"/> Genetic consent <input type="checkbox"/> Surveillance consent	20. CHR #: _____ <input type="checkbox"/> Genetic consent <input type="checkbox"/> Surveillance consent

FEDEX AIR WAYBILL#: _____ PACKAGED AND SENT BY: _____

2. Please list CHR #'s in appropriate spaces listed above and check which samples have been approved for use (Genetic, Surveillance, or both). If additional spaces are required, please utilize another form.
3. If there are any changes to the above, please fax or contact the centre promptly.
4. Copy this form and place original in patient chart.
5. Place the copy in with the shipment.

SHIPPER'S DECLARATION FOR DANGEROUS GOODS

Shipper

Air Waybill No.

Page 1 of 1 Pages

Shipper's Reference Number
(optional)

Consignee **Blood Borne Pathogens Laboratory**
471 Medical Sciences Building
University of Alberta
Edmonton, Alberta T6G 2H7, Canada
Phone: 780-918-4878 Dr. Jonathan Hooton
Two completed and signed copies of this Declaration must be handed to the operator



WARNING

Failure to comply in all respects with the applicable Dangerous Goods Regulations may be in breach of the applicable law, subject to legal penalties. This Declaration must not, in any circumstances, be completed and/or signed by a consolidator, a forwarder or an IATA cargo agent.

TRANSPORT DETAILS

This shipment is within the limitations prescribed for: **Airport of Departure**
(delete non-applicable)

~~PASSENGER
ONLY CARGO~~
~~XXXXXXXX~~

CARGO
AIRCRAFT
ONLY

Shipment type: (delete non-applicable)

NON-RADIOACTIVE ~~RADIOACTIVE~~
XXXXXXXXXXXX

Airport of Destination **Edmonton International**

NATURE AND QUANTITY OF DANGEROUS GOODS

Dangerous Goods Identification					Quantity and type of Packing	Packing Inst.	Author- ization
Proper Shipping Name	Class or Divi- sion	UN or ID No.	Pack- ing Group	Subsi- dary risk			
Infectious Substance, Affecting Humans Risk Group II (HIV, Hepatitis B)	6.2	UN2814			ml packed in one fiberboard box	602	

Additional Handling Information

IN CASE OF EMERGENCY, IMMEDIATELY TELEPHONE CANUTEC (613) 996-6666

Prior arrangements as required by the IATA Dangerous Goods Regulations 1.3.3.1. have been made.

Prepared according to ICAO/IATA

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Name/Title of Signatory

Place and Date

Signature
(see warning above)