**INSTITUTE FOR RESEARCH IN BIOMEDICINE**

**Dispatch / mailing order**

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| **Procedures** | - fill in the form (except the Confirmation section) prior to shipment, and collect all the necessary signatures |
| - take the form and items to be sent at the Reception to Elena and Franziska |
| - a copy of this order will be returned to you as confirmation of dispatch |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sender** | Name: | | Lab/room: |
|  |  | |  |
| **Consignee** | Name: | | Tel.: |
| Address: | | Fax: |
|  | | E-mail: |
|  |  | |  |
| **Bill to** | Sender:  Account / grant to charge:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Consignee: □ Account no:  Agent: Fedex □ DHL □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

|  |  |  |
| --- | --- | --- |
| **Contents** | *Description sample 1:* | *Description sample 2:* |
| Quantity of vials / tubes: | Quantity of vials / tubes: |
| Volume per vial / tube: | Volume per vial / tube: |
| Origin: | Origin: |
| Harmonised code to be obtained by the IRB reception: Harmonised code: | |
| Temperature: +4°C (ice panels) □ room temperature □ dry ice | |
| Signature:  Signature of the Laboratory Director:  Signature of the IRB Human Subjects Research Officer if samples are from human origin: | |

***For administrative use only:***

|  |  |
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| **Confirmation** | No. of boxes: |
| Agent: |
| Total weight: |
| AWB no: |
| Sent out by: |
| Date: |