

SHIPPING DOCUMENT SAMPLE(S)*

*This document must be attached on the **outside** of the shipment box

Sponsor Information	
Company Name:	
Street Address:	
City, State, Zip:	
Country:	
Telephone Number:	
Fax Number:	
Contact Person:	
E-mail:	
Nelson Labs Contact:	
Sample and Safety Information	
Sample type:	<input type="checkbox"/> Group 1 / Group 2 Carcinogens <input type="checkbox"/> Active Pharmaceutical Ingredient (API) <input type="checkbox"/> Controlled Substances (DEA registration required for Schedule I and II) <input type="checkbox"/> Other: _____
Safety:	Are there special safety measures that need to be taken into account? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe: _____ <i>Note: No radioactive materials are accepted by Nelson Labs</i>
Additional information:	<u>If yes:</u> All safety documents (SDS, etc.) <i>MUST</i> be added to the <u>OUTSIDE</u> of the shipment box

I agree that the shipment only will be opened if all relevant safety information is provided to Nelson Labs NV.

SPONSOR SIGNATURE: _____ **DATE:** _____