

**ACTG/IMPAACT SHIPMENT EVALUATION FORM**

**NOTE: SHIPPING LABS ARE RESPONSIBLE FOR TRACKING ALL PACKAGES**

Shipper: ACTG  IMPAACT  Other  Specify: \_\_\_\_\_

Receiving Lab # \_\_\_\_\_ Shipping Lab # \_\_\_\_\_ CRS # \_\_\_\_\_

Date Received (ddMmmmyyyy) \_\_\_\_\_ # of Specimens \_\_\_\_\_

Shipping Lab Name \_\_\_\_\_

Shipment Tracking # \_\_\_\_\_ LDMS Batch # \_\_\_\_\_

Was This Shipment Received With Any Problems? (circle/check one)  YES  NO

**If yes, proceed with Form. If no, stop.**

**Shipping Problem (please refer to Shipping Problems Reportable to the DMC):** This form is intended to provide documentation of problem shipments and their resolution.

**Provide Shipping Problem Code and Description of the Problem (completed by recipient):**

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The shipping lab must respond to the problem shipment within 1 week of receipt. Please email all responses/resolutions to: Email:	<b>By (date):</b>
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<b>Response</b> (completed by the shipping lab and emailed to the recipient by the date listed above):
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Shipping Lab Tech completing the Response: \_\_\_\_\_

Recipient contact for Response: \_\_\_\_\_

**Resolution** (completed by the recipient): *All Resolutions must be documented prior to emailing to the DMC.*

**WAS THIS SHIPMENT RESOLVED WITHIN 1 WEEK OF RECEIVING THIS FORM?** (Completed by recipient):  YES  NO

**Comments:**

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