

ACTG/IMPAACT AMBIENT/REFRIGERATED/FROZEN SHIPMENT NOTICE

INSTRUCTIONS: Please fax and/or email a copy of the completed form to the package recipient PRIOR to shipping specimens. Sender must verify that all information was received by the recipient.

NOTE: International Shipments to the Repositories should be faxed or emailed and approved by the repository BEFORE the shipment may be sent. The ACTN Instructions for Overnight Shipments are located on the HANC website at (<https://www.hanc.info/labs/labresources/procedures/Pages/actgImpaactLabManual.aspx>) and will provide additional help in preparing your shipment.

Section 1 - RECIPIENT INFORMATION:

Recipient's Name:		Recipient's Fax:	
Recipient's Phone:		Recipient Lab #/Name:	

Section 2 - SHIPMENT INFORMATION:

ACTN Clinic or Lab #:		Courier Airbill #:	
Sender's Network Affiliation:	<input type="checkbox"/> ACTG <input type="checkbox"/> IMPAACT <input type="checkbox"/> OTHER:	LDMS Shipping Manifest:	<input type="checkbox"/> YES <input type="checkbox"/> NO*
Sender's Name:		LDMS Disk:	<input type="checkbox"/> YES <input type="checkbox"/> NO*
Sender's Phone:		LDMS File Sent by Email:	<input type="checkbox"/> YES <input type="checkbox"/> NO*
Sender's Fax:		Case Report Forms (CRF):	<input type="checkbox"/> YES <input type="checkbox"/> NO*
Date of Shipment (DDMMYYYY):		LDMS Shipment (Batch) Number(s)	
Courier Service (e.g. FEDEX, World Courier):			
*LDMS paperwork must be included; diskette/CD must be included if not sent by email; CRFs may also be required in the shipment or by FAX (always confirm requirements before shipping). If specimens were not logged into the LDMS indicate in the explanation. Provide explanation if CRFs are not included.		<input type="checkbox"/> Not Required Explanation:	
Description of shipping container(s) (color, size, manufacturer type) in case of loss by courier			

Section 3 - SPECIMEN INFORMATION:

Type of Shipment (Circle/Check the appropriate type):	<input type="checkbox"/> Category B (Diagnostics) <input type="checkbox"/> Category A (Infectious)									
Shipping Condition (Circle/Check the appropriate condition):	<input type="checkbox"/> Dry Ice <input type="checkbox"/> LN ₂ <input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerated/Gel Packs									
Number of Primary Containers (e.g. blood tubes (ambient) or cryovials (frozen):										
Specify Protocol for batched shipments, e.g. Quest, Fisher and BRI:	Protocol #1:		Protocol #6:		Protocol #1:					
	Protocol #2:		Protocol #7:		Protocol #2:					
	Protocol #3:		Protocol #8:		Protocol #3:					
	Protocol #4:		Protocol #9:		Protocol #4:					
	Protocol #5:		Protocol #10:		Protocol #5:					
List Patient Identifiers Included in all Shipments Requiring Real-Time Testing (excluding Quest and Fisher and BRI): <input type="checkbox"/> Information Provided in Separate, Attached Document (i.e. EXCEL file)	Protocol #1:		PID#1:		Visit #1:		Test#1:		Draw Time#1:	
	Protocol #1:		PID#1:		Visit #1:		Test#1:		Draw Time#1:	
	Protocol #1:		PID#1:		Visit #1:		Test#1:		Draw Time#1:	
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