

## GTEx Shipping Manifest

OP-0011-F2

Version 02.00

Effective Date: mm/dd/yyyy

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**From:**

*Insert Shipper Address* **Must include contact phone number of International Air Transport Association (IATA) trained person knowledgeable on shipment contents**

**TO: Please check box for kit destination:**

<input type="checkbox"/>  Address:  Contact Information: Name:        Number:  E-mail:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other: please enter destination information here
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Please fill in all lines ( Use N/A in not applicable)

**CONTENTS (e.g. FFPE tissue blocks; PFPE blocks; PAXgene containers; glass slides; frozen human blood products; frozen tissues samples) :**

**SHIPPING CONDITIONS (e.g., frozen, on cold packs, ambient, dry ice, etc.) :**

**SHIPMENT DATE:**

**BOX ID/KIT ID(s):**

**CASE IDENTIFIER (ID):**

