



FROM			
Sender's Name:		Lab:	
Account #:		Sub Account #:	
Billing the Recipient?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recipient's FedEx Account #:	
TO			
Country (if outside US):		Company/University Name:	
Contact Name:			
Street/Building Address:			
Address 2:			
City:	State:	Zip:	Phone:
PACKAGE & SHIPMENT DETAILS			
Dry Ice?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Weight of Dry Ice: _____ lbs	Batteries? <input type="checkbox"/> Yes
Service Type (check one): Domestic Shipments Only	<input type="checkbox"/> First Overnight (by 9:30am, next day) <input type="checkbox"/> Priority Overnight (by 10:30am, next day) <input type="checkbox"/> Standard Overnight (by 3pm, next day) <input type="checkbox"/> 2 Day (by 4:30pm, 2 day) <input type="checkbox"/> Ground (1-5 bus. days)		
TRACKING NOTIFICATIONS			
Notify Sender?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sender's Email Address:	
Notify Recipient?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recipient's Email Address:	
INTERNATIONAL SHIPMENTS			
Declared Value:	\$ _____ USD	Shipment Purpose: <input type="checkbox"/> Commercial <input type="checkbox"/> Gift <input type="checkbox"/> Sample <input type="checkbox"/> Return-Repair <input type="checkbox"/> Personal	
Service Type (check one): International Shipments Only	<input type="checkbox"/> International Priority (M-F, typically 1-3 business days) <input type="checkbox"/> International Economy (M-F, typically 4-6 business days)		
Description: (# of vials? Hazardous? Toxic?)			