

## GTEx Shipping Manifest

OP-0011-F2

Version 02.00

Effective Date: mm/dd/yyyy

Page 1 of 1

### 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:

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Address:

Contact Information:

Name:      Number:

E-mail:

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☐
☐

Other: please enter destination information here

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):**

