

Air Transport

Category “A” Infectious Substances (UN2814)

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Page 9: Sample FedEx airbill

Page 10: Sample LAB-5 form (sample testing request and chain-of-custody) with required Information filled-in.

Page 11: Blank LAB-5 Form

Three (3) copies of the completed FedEx shipping papers or four (4) copies of the DHL shipping papers must be affixed to the outside of the package.

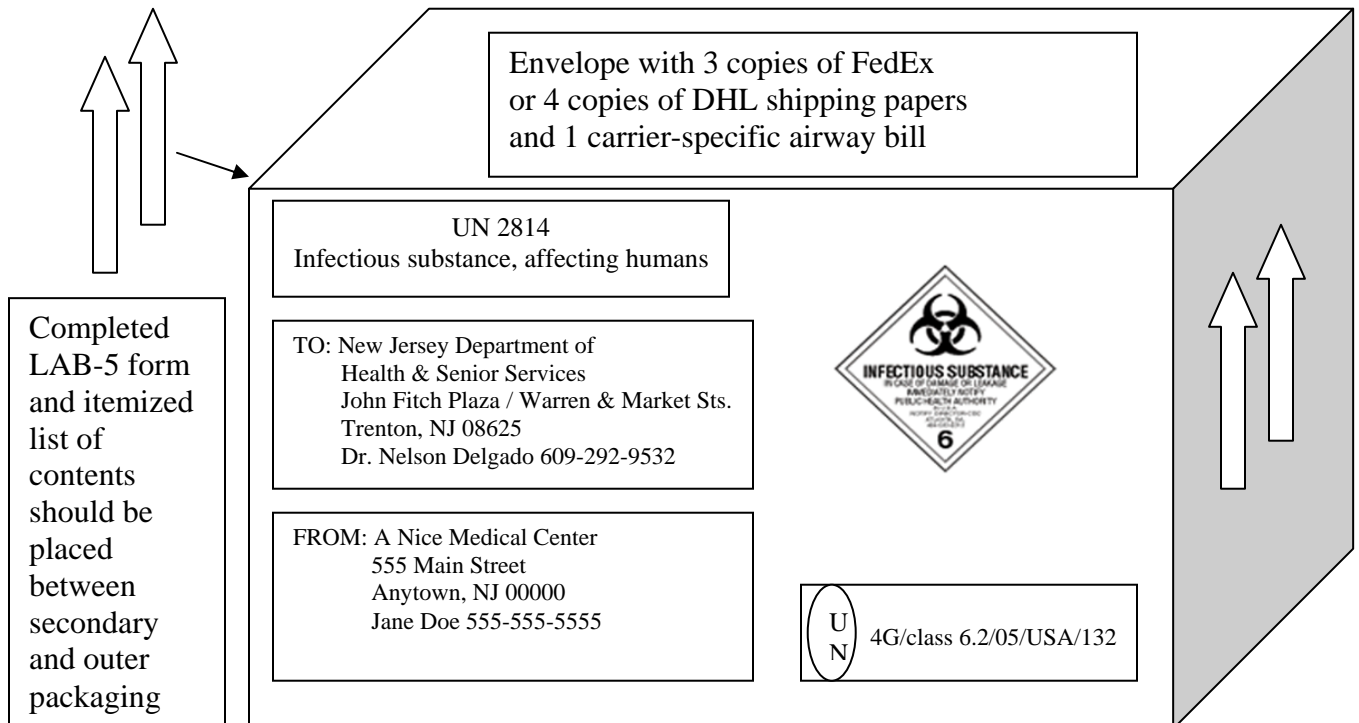
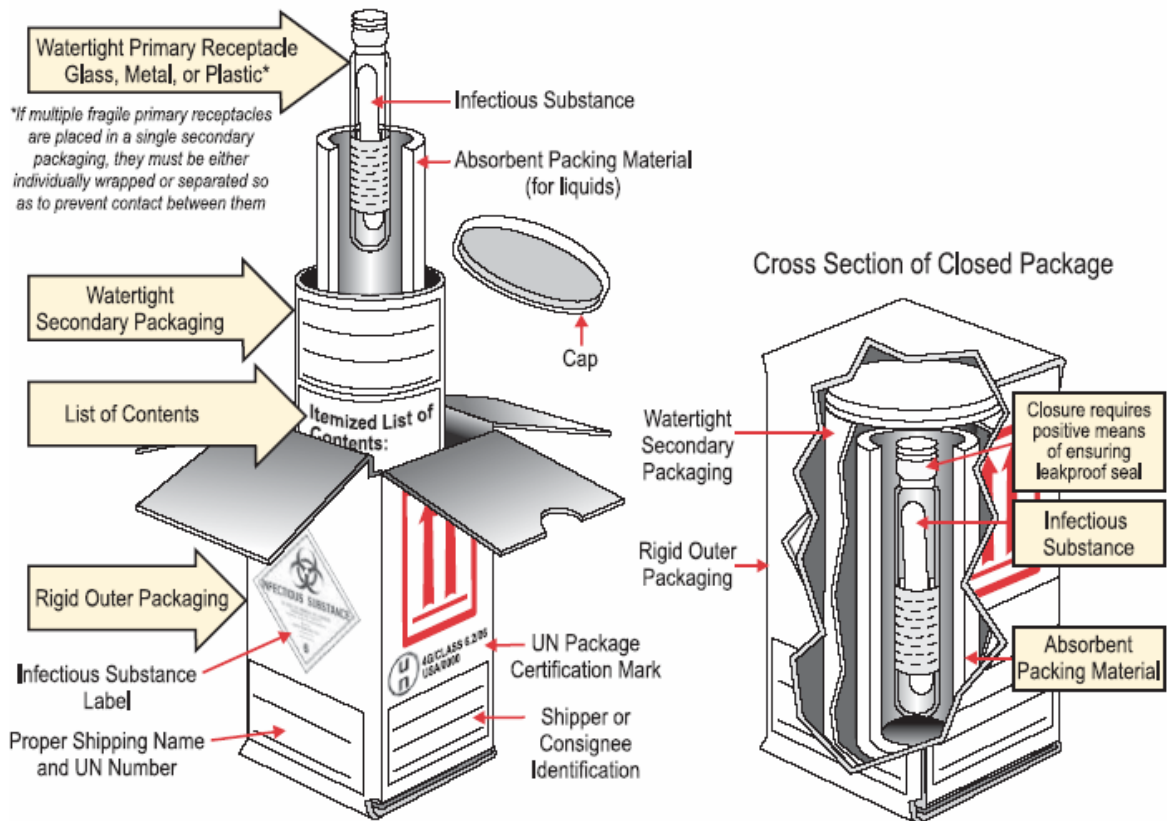
The LAB-5 must be completed correctly for testing. All information requested is required. Be sure to sign the specimen destruction policy acknowledgement in the middle of the form. One (1) copy per specimen submitted must accompany the package. This form should be placed between the secondary and outer packaging.

If you have any questions, please contact the laboratory at:

609-292-3755 / 609-292-3597 / 609-943-9925

Category "A" Infectious Substance (UN2814)

FedEx/DHL (IATA) – Packaging and Shipping a Sample/Specimen to the New Jersey Department of Health and Senior Services BioThreat Response Laboratory



Air Transport
Category “A” Infectious Substances (UN2814)

Primary Receptacle: The primary receptacle contains the infectious substance and must be watertight to prevent leakage. Screw caps must be fastened with tape, shrink seals, or other comparable material.

Secondary Packaging: One or more primary receptacles may be placed in a watertight secondary packaging. Multiple samples/specimens must be individually wrapped to prevent contact between them. Absorbent material must be placed between the primary receptacle and the secondary packaging for liquid substances.

Outer Packaging: Packaging that is certified to meet UN performance test standards must be used and marked with a UN specification mark. An itemized list of contents must be enclosed between the secondary packaging and the outer packaging, and the secondary package secured with cushioning material.

Labeling outer package:

1. “UN 2814: Infectious substance, affecting humans”
2. Infectious substance label for category “A” infectious substances
- 3 . Name, address, and phone number of the shipper / responsible person.
4. Name, address, and phone number of the consignee
5. Package orientation (this way up) on 2 sides

Documentation:

1. Envelope containing 3 copies of FedEx or 4 copies of DHL shipping papers and 1 copy of carrier-specific airway bill
2. Completed LAB-5 form AND itemized list of contents must be placed between secondary and outer packaging

INSTRUCTIONS

FOR COMPLETING THE SHIPPER'S DECLARATION

Step #1:

Open the Attached Shipper's Declaration with Adobe Acrobat Reader.
(Adobe Acrobat Reader is available as a free download from the Adobe.com web site.)

Step #2:

Save a blank copy of the Shipper's Declaration form for future use.

Step #3:

Begin by placing the cursor in the "Shipper" block in the upper left corner of the Shipper's Declaration and keying information as appropriate. Using the **TAB** key to move from one field to another, complete all required fields. For a detailed explanation of information required on a Shipper's Declaration, refer to **IATA Section 8 - Documentation (Paragraph 8.1.6)**. Using the sequence the **TAB** key will follow, a general explanation of how to complete the attached form is provided below:

- **Shipper** - Full name and address of the shipper
- **AirWaybill Number** - The number of the Air Waybill to which the declaration form will be attached
- **Page of pages** - The page number and the total number of pages (For a single page Shipper's Declaration, enter "**Page 1 of 1 pages**").
- **Shipper's Reference Number** - Optional field providing the shipper with an opportunity to enter an internal organization reference number
- **Consignee** - Full name and address of the consignee
- **Transport Details** - Tab to the appropriate field, and using the capital letter "X," enter X's to block out "Passenger and Cargo Aircraft" (*for shipments which must travel on Cargo Aircraft Only*) or to block out "Cargo Aircraft Only" (*for shipments which may travel on either Passenger or Cargo aircraft*).
- **Airport of Departure** - Enter the full name of the airport or city of departure. (For a package being shipped out of Chicago using Ohare Airport, this field may be completed as: "Ohare," "Ohare Airport," "Ohare International Airport," "Chicago," "Chicago, IL," etc.).
- **Airport of Destination** - Enter the full name of the airport or city of destination. (For a package being shipped to Chicago using Ohare Airport, this field may be completed as: "Ohare," "Ohare Airport," "Ohare International Airport," "Chicago," "Chicago, IL," etc.).

- **Shipment Type** - Tab to the appropriate field, and using the capital letter “X,” enter X’s to block out “NON-RADIOACTIVE” (for shipments which contain radioactive material) or to block out “RADIOACTIVE” (for shipments which do not contain radioactive material).
- **Nature and Quantity of Dangerous Goods** -Enter the required information strictly in accordance with IATA 8.1.6.9. Begin by entering the UN or ID Number. Use the **SPACE BAR** to move from one column to another as you enter information across the page. Per IATA 8.1.6.10 (b), the information in this field “*must* be entered in sequence within the columns provided.” If your information will not fit without going over the lines separating the columns, use the **ENTER** key and enter text on another line.
- **Additional Handling Information** - Enter any special handling information relevant to the shipment in accordance with IATA 8.1.6.11.
- **Emergency Telephone Number** - All dangerous goods shipments to, from, within, or transiting through the U.S. must include 24-hour emergency response information as described in IATA 2.9.2, USG-12.
- **Name and Title of Signatory** -Enter the name and title of the person actually signing the Shipper’s Declaration.
- **Place and Date** -Enter the place and date to indicate where and when the form is actually signed.

Step #4:

Print and sign the form. Per IATA 8.1.4.1, a typewritten signature is not acceptable.

Step #5:

Provide at least three (3) signed copies of the completed Shipper ’s Declaration (with diagonal hatchings printed in red) to FedEx Express for shipping. (Refer to FedEx Express IATA Variation FX-14).

A color printer must be used to ensure the diagonal hatchings on the completed Shipper’s Declaration form appear in red.

SHIPPER'S DECLARATION FOR DANGEROUS GOODS

(Provide at least three copies to the airline.)

Shipper Jane Doe (555-555-5555) A Nice Medical Center 555 Main Street Anytown, NJ 00000	Air Waybill No. 123456789123 Page 1 of 1 Pages Shipper's Reference Number OPTIONAL
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Consignee
 Nelson Delgado (609-209-9004)
 New Jersey Department of Health & Senior Services
 John Fitch Plaza / Warren & Market Sts.
 Trenton, NJ 08625



Two completed and signed copies of this Declaration must be handed to the operator

WARNING

Failure to comply in all respects with the applicable Dangerous Goods Regulations may be in breach of the applicable law, subject to legal penalties.

Shipment type: (delete non-applicable)
 NON-RADIOACTIVE RADIOACTIVE

TRANSPORT DETAILS

This shipment is within the limitations prescribed for: (delete non applicable) <input type="checkbox"/> PASSENGER AND CARGO AIRCRAFT <input checked="" type="checkbox"/> CARGO AIRCRAFT ONLY	Airport of Departure If known
Airport of Destination: If known	

NATURE AND QUANTITY OF DANGEROUS GOODS

Dangerous Goods Identification				Quantity and type of packaging	Packing Inst.	Authorization
UN or ID No.	Proper Shipping Name	Class or Division (Subsidiary Risk)	Pack-ing Group			
UN 2814	Infectious Substance Affecting humans (Suspected category A Infectious Substance)	6.2		10 ml Fibreboard box	602	

Additional Handling Information

Emergency Telephone Number 555-555-5555

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable International and National Governmental Regulations. I declare that all of the applicable air transport requirements have been met.

Name/Title of Signatory
 Jane Doe
 Place and Date
 Anytown, NJ 12/1/2006
 Signature (see warning above)

FOR RADIOACTIVE MATERIAL SHIPMENT ACCEPTABLE FOR PASSENGER AIRCRAFT, THE SHIPMENT CONTAINS RADIOACTIVE MATERIAL INTENDED FOR USE IN OR INCIDENT TO RESEARCH, MEDICAL DIAGNOSIS, OR TREATMENT.

INSTRUCTIONS

FOR COMPLETING THE SHIPPER'S DECLARATION

Step #1:

Open the attached Shipper's Declaration with Adobe Acrobat Reader.
(Adobe Acrobat Reader is available as a free download from the Adobe.com web site.)

Step #2:

Save a blank copy of the Shipper's Declaration form for future use.

Step #3:

Begin by placing the cursor in the "Shipper" block in the upper left corner of the document and enter as appropriate. Use the **TAB** key to move from one field to another, complete all required fields.

For a detailed explanation of information required on a Shipper's Declaration, refer to **IATA Section 8 - Documentation (Paragraph 8.1.6)**.

- **Shipper** - Full name and address of the shipper.
- **Air Waybill Number** - The number of the Air Waybill to which the declaration form will be attached.
- **Page of pages** - The page number and the total number of pages (For a single page Shipper's Declaration, enter "**Page 1 of 1 pages**").
- **Shipper's Reference Number** - Optional field providing the shipper with an opportunity to enter an internal organization reference number.
- **Consignee** - Full name and address of the consignee.
- **Transport Details** - Tab to the appropriate field, and using the capital letter "X," enter X's to block out "Passenger and Cargo Aircraft" (*for shipments which must travel on Cargo Aircraft Only*) or to block out "Cargo Aircraft Only" (*for shipments which may travel on either Passenger or Cargo aircraft*).
- **Airport of Departure** - Enter the full name of the airport or city of departure.
- **Airport of Destination** - Enter the full name of the airport or city of destination.
- **Shipment Type** - Tab to the appropriate field, and using the capital letter "X," enter X's to block out "NON-RADIOACTIVE" (for shipments which contain radioactive material) or to block out "RADIOACTIVE" (for shipments which do not contain radioactive material).
- **Nature and Quantity of Dangerous Goods** - Enter the required information strictly in accordance with IATA 8.1.6.9. Begin by entering the UN or ID Number. Use the **SPACE BAR** to move from one column to another as you enter information across the page. **Note:** Per IATA 8.1.6.10 (b), the information in this field "**must** be entered in sequence within the columns provided." If your information will not fit without going over the lines separating the columns, use the **ENTER** key and enter text on another line.
- **Additional Handling Information** - Enter any special handling information relevant to the shipment in accordance with IATA 8.1.6.11.
- **Emergency Telephone Number** - All dangerous goods shipments to, from,

within, or transiting through the U.S. must include 24-hour emergency response information as described in IATA 2.9.2, USG-12.

- **Name and Title of Signatory** - Enter the name and title of the person actually signing the Shipper's Declaration.
- **Place and Date** - Enter the place and date to indicate where and when the form is actually signed.

Step #4:

Print and sign the form. Per IATA 8.1.4.1, a typewritten signature is not acceptable.

Step #5:

Provide at least three (4) signed copies of the completed Shipper's Declaration (with diagonal hatchings printed in red) to DHL Express for shipping. A color printer must be used to ensure the diagonal hatchings on the completed Shipper's Declaration form appear in red.

(Provide at least four copies to the airline.)

SHIPPER'S DECLARATION FOR DANGEROUS GOODS

Shipper Name Jane Doe (555-555-5555)
 Address 1 A Nice Medical Center
 555 Main Street
 Address2 Anytown, NJ 00000

Air Waybill No: 123456789123
 Page 1 of 1 Pages
 Shipper's Reference Number
 (Optional)

Consignee Name Nelson Delgado (609-209-9004)
 Address 1 NJ Dept of Health
 John Fitch Plaza/Warren and Market St.
 Address 2 Trenton, NJ 08625



Two completed and signed copies of this Declaration must be handed to the operator

WARNING

Failure to comply in all respects with the applicable Dangerous Goods Regulations may be in breach of the applicable law, subject to legal penalties.

TRANSPORT DETAILS	
This shipment is within the limitations prescribed for: (cross out non applicable)	Airport of Departure: If known
PASSENGER AND CARGO AIRCRAFT	XXXXXXXXXXXXXXXXXXXX ONLY
Airport of Destination: If known	
Shipment type: (cross out non-applicable) NON-RADIOACTIVE <input type="checkbox"/> XXXXXXXX	

NATURE AND QUANTITY OF DANGEROUS GOODS						
Dangerous Goods Identification						
UN or ID No.	Proper Shipping Name	Class or Division (Subsidiary Risk)	Packing Group	Quantity and Type of Packaging	Packing Inst.	Authorization
UN 2814	Infectious Substance, Affecting Humans (Suspected category A Infectious Substance)	6.2		10 ml Fibreboard box	602	

Additional Handling Information

Emergency Telephone Number 555-555-5555

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable International and National Governmental Regulations. I declare that all of the applicable air transport requirements have been met.	Name/Title of Signatory Place and	Jane Doe
	Date	12/01/2006
	Signature	<i>Jane Doe</i>

(see warning above)

RESET FORM

Category A (UN2814) FedEx Airbill EXAMPLE

86
1.00
fedex.com 1.800.GoFedEx 1.800.463.3339

FedEx *US Airbill*
Express

FedEx Tracking Number **8626 5131 9920**

1 From Please print and press hard.

Date _____ Sender's FedEx Account Number **2608-5336-8**

Sender's Name **Jane Smith** Phone **(555) 555-5555**

Company **A Nice medical Center**

Address **555 Main Street**

City **Anytown** State **NJ** ZIP **00000**

2 Your Internal Billing Reference First 24 characters will appear on invoice. OPTIONAL

3 To
Recipient's Name **Nelson Delgado** Phone **(609) 209-9004**

Company **New Jersey Department of Health and Senior Services**

Recipient's Address **John Fitch Plaza/Market & Warren Street**

Address _____
To request a package be held at a specific FedEx location, print FedEx address here.

City **Trenton** State **NJ** ZIP **08625**

0365802604



Store your addresses at fedex.com
Simplify your shipping. Manage your account. Access all the tools you need.

SPH32

Form ID No. **0215** Sender's Copy

4a Express Package Service

FedEx Priority Overnight Next business morning.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected. **FedEx Standard Overnight** Next business afternoon.* Saturday Delivery NOT available. **FedEx First Overnight** Earliest next business morning delivery to select locations.* Saturday Delivery NOT available.

FedEx 2Day Second business day.* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected. FedEx Envelope rate not available. Minimum charge: One-pound rate. **FedEx Express Saver** Third business day.* Saturday Delivery NOT available.

* To most locations.

4b Express Freight Service

FedEx 1Day Freight* Next business day.** Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected. **FedEx 2Day Freight** Second business day.** Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected. **FedEx 3Day Freight** Third business day.** Saturday Delivery NOT available.

* Call for Confirmation: (Leave this section blank)** To most locations.

5 Packaging

FedEx Envelope* **FedEx Pak*** Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak. **FedEx Box** **FedEx Tube** **Other** * Declared value limit \$500.

6 Special Handling

SATURDAY Delivery NOT Available for FedEx Standard Overnight, FedEx First Overnight, FedEx Express Saver, or FedEx 3Day Freight. **HOLD Weekday at FedEx Location NOT Available for** FedEx First Overnight. **HOLD Saturday at FedEx Location Available ONLY for** FedEx Priority Overnight and FedEx 2Day to select locations.

Does this shipment contain dangerous goods? One box must be checked.

No **Yes** As per attached Shipper's Declaration. **Yes** Shipper's Declaration not required. **Dry Ice** Dry ice, 9 UN 1845 _____ x _____ kg **Cargo Aircraft Only**

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging.

7 Payment **Bill to:** Enter FedEx Acct. No. or Credit Card No. below.

Sender Acct No. in Section 1 will be billed. **Recipient** **Third Party** **Credit Card** **Cash/Check**

FedEx Acct. No. _____ Exp. Date _____
Credit Card No. _____

Total Packages _____ **Total Weight** _____ **Total Declared Value†** **(FedEx will complete this section)** **\$.00**

† Our liability is limited to \$100 unless you declare a higher value. See back for details. By using this Airbill you agree to the service conditions on the back of this Airbill and in the current FedEx Service Guide, including terms that limit our liability.

8 Residential Delivery Signature Options If you require a signature, check Direct or Indirect.

No Signature Required Package may be left without obtaining a signature for delivery. **Direct Signature** Someone at recipient's address may sign for delivery. **Fee applies.** **Indirect Signature** If no one is available at recipient's address, someone at a neighboring address may sign for delivery. **Fee applies.**

519

Rev. Date 10/06*Part #158279*©1994-2006 FedEx*PRINTED IN U.S.A.*SRS

PULL AND RETAIN THIS COPY BEFORE AFFIXING TO THE PACKAGE. NO POUCH NEEDED.

**New Jersey Department of Health and Senior Services
Public Health and Environmental Laboratories**

REQUEST FOR TESTING OF SUSPECTED SELECT AGENTS AND CHAIN OF CUSTODY

Please provide the following information on each sample submitted for testing.

CLINICAL SPECIMENS/REFERRED CULTURE	ENVIRONMENTAL/OTHER SAMPLES
NJDHSS Case Number: 113006MJF01 <i>(Lab Use Only)</i> PHEL Accession Number: _____ Name of Requesting Agency/Institution: A Nice Medical Center Address: 555 Main Street City: Anytown State: NJ Zip: 00000 Phone: 555-555-5555 Fax: 555-555-5555 Patient Name: Doe, John <i>(Last)</i> <i>(First)</i> DOB or Age: 01/23/1945 <i>(MM/DD/YYYY)</i> Collection Date: 11/30/2006 <i>(MM/DD/YYYY)</i> Describe Sample: Blood culture on agar slant Culture Growth Temperature (if applicable): <input checked="" type="checkbox"/> 37° <input type="checkbox"/> Other: _____ Analysis Requested (Suspected Select Agent): rule out Bacillus anthracis	NJDHSS HIPER Case Number: _____ <i>(Lab Use Only)</i> PHEL Accession Number: _____ Name of Requesting Agency/Institution: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ Sample Collected By: _____ Collection/Pickup Site: _____ Collection Date: _____ <i>(MM/DD/YYYY)</i> Collection Time: _____ Describe Sample: _____ Analysis Requested (Suspected Select Agent): _____

NOTE: ALL SPECIMENS THAT TEST NEGATIVE FOR SELECT AGENTS MUST BE RETRIEVED 30 DAYS AFTER WRITTEN RESULT NOTIFICATION. ALL NEGATIVE SPECIMENS NOT CLAIMED AFTER 30 DAYS WILL BE DESTROYED.

Signature of Submitter: *Jane Doe* Date: **11/30/06**

Sample Receiving (Chain of Custody / Official Use Only)				
Name	Date	Time	Initials	Action
Person Submitting Specimen for Delivery <i>(Print)</i> Jane Doe	11/30/06	9:30 AM	JD	Pack for FedEx/DHL
Person Submitting Specimen for Delivery <i>(Signature)</i> <i>Jane Doe</i>				
Person Making Delivery <i>(Print)</i>				
Person Making Delivery <i>(Signature)</i>				
Person Receiving Delivery <i>(Print)</i>				
Person Receiving Delivery <i>(Signature)</i>				

**New Jersey Department of Health and Senior Services
Public Health and Environmental Laboratories**

REQUEST FOR TESTING OF SUSPECTED SELECT AGENTS AND CHAIN OF CUSTODY

Please provide the following information on each sample submitted for testing.

CLINICAL SPECIMENS/REFERRED CULTURE	ENVIRONMENTAL/OTHER SAMPLES
NJDHSS Case Number: _____	NJDHSS HIPER Case Number: _____
(Lab Use Only) PHEL Accession Number: _____	(Lab Use Only) PHEL Accession Number: _____
Name of Requesting Agency/Institution: _____	Name of Requesting Agency/Institution: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Patient Name: _____ <i>(Last)</i> <i>(First)</i>	Sample Collected By: _____
DOB or Age: _____ <i>(MM/DD/YYYY)</i>	Collection/Pickup Site: _____
Collection Date: _____ <i>(MM/DD/YYYY)</i>	Collection Date: _____ <i>(MM/DD/YYYY)</i>
Describe Sample: _____	Collection Time: _____
Culture Growth Temperature (if applicable): <input type="checkbox"/> 37° <input type="checkbox"/> Other: _____	Describe Sample: _____
Analysis Requested (Suspected Select Agent): _____	Analysis Requested (Suspected Select Agent): _____

NOTE: ALL SPECIMENS THAT TEST NEGATIVE FOR SELECT AGENTS MUST BE RETRIEVED 30 DAYS AFTER WRITTEN RESULT NOTIFICATION. ALL NEGATIVE SPECIMENS NOT CLAIMED AFTER 30 DAYS WILL BE DESTROYED.

Signature of Submitter: _____ Date: _____

Sample Receiving (Chain of Custody / Official Use Only)				
Name	Date	Time	Initials	Action
Person Submitting Specimen for Delivery <i>(Print)</i>				
Person Submitting Specimen for Delivery <i>(Signature)</i>				
Person Making Delivery <i>(Print)</i>				
Person Making Delivery <i>(Signature)</i>				
Person Receiving Delivery <i>(Print)</i>				
Person Receiving Delivery <i>(Signature)</i>				

Approval (NJDHSS Case Number) is required for testing to proceed. To obtain case numbers for clinical specimens and suspect cultures, call CDS: 609-588-7500 (Monday-Friday, 8:00 AM to 5:00 PM; 609-392-2020 all other times). For environmental samples, call HIPER: 609-588-3572 (Monday-Friday, 8:00 AM to 5:00 PM; 609-392-2020 all other times).