

# **Air Transport**

## **Category “B” Infectious Substances (UN3373)**

### **Table of Contents for Packaging and Shipping a Sample/Specimen to the New Jersey Department of Health and Senior Services BioThreat Response Laboratory** **Using air couriers such as FedEx or DHL (IATA Regulations)**

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Page 2: Description of proper packaging and labeling scheme

Page 3: Sample FedEx US Airbill for Category “B”

Page 4: Sample LAB-5 form (sample testing request and chain-of-custody) with required Information filled-in.

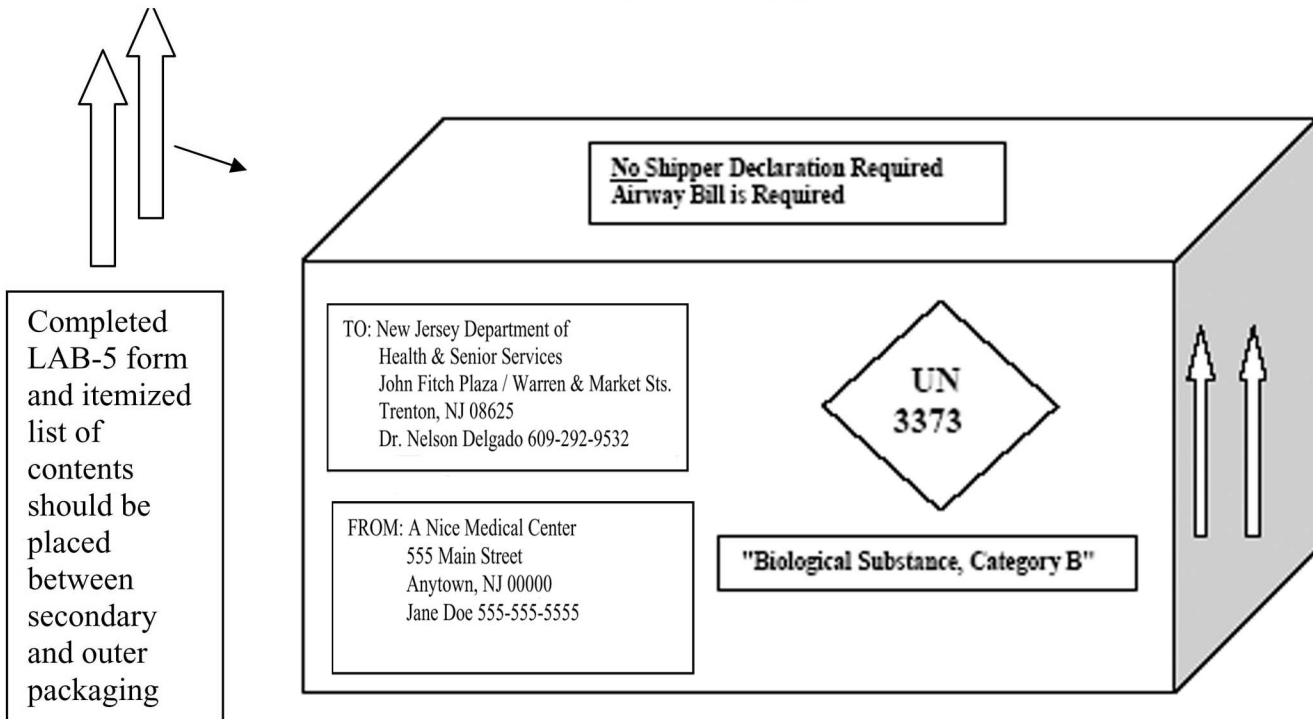
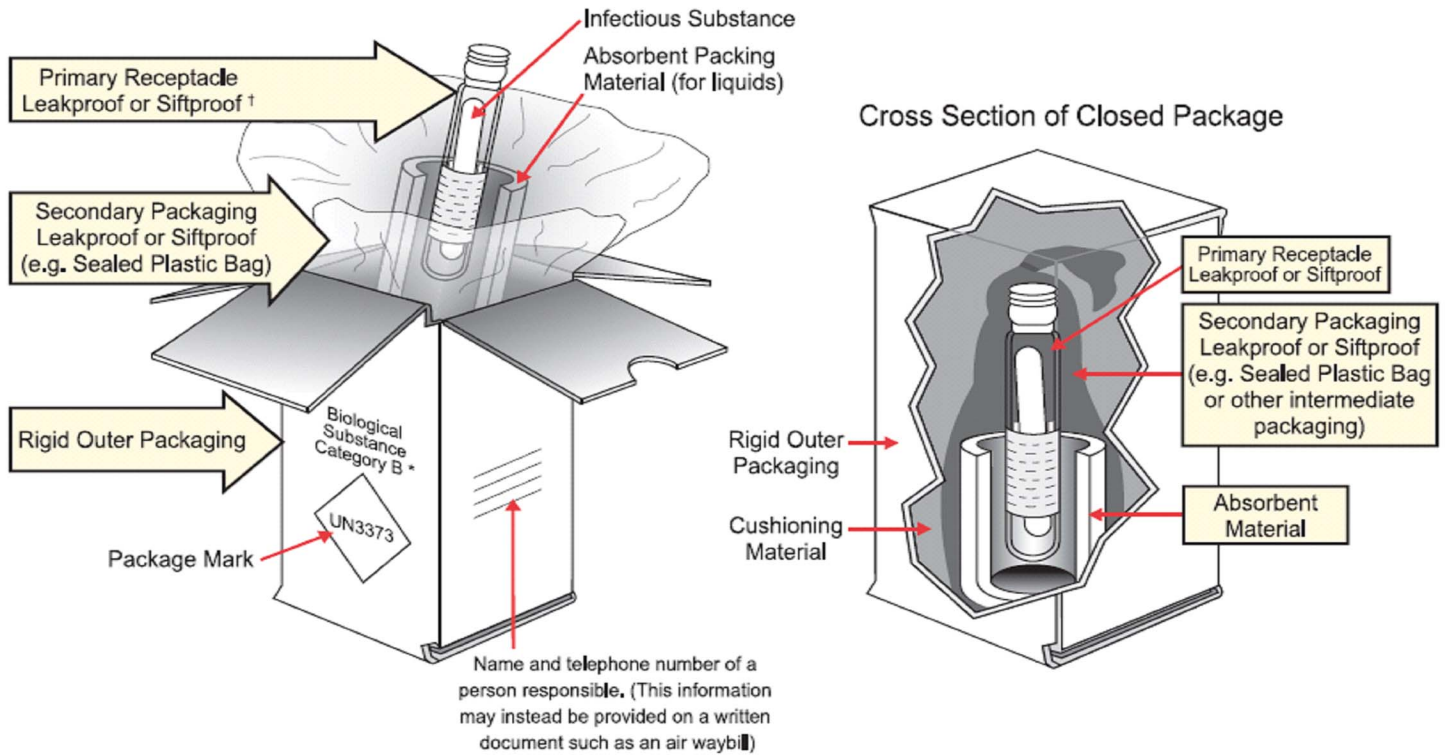
Page 5: Blank LAB-5 Form

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

# FedEx/DHL - Category B Packing and Shipping a Sample/Specimen to the New Jersey Department of Health and Senior Services Bio Threat Response Laboratory



## IATA Packaging Instruction 650

### Air Transport

Category B Infectious Substance (UN3373)  
(Proper Shipping Name: **Biological Substance, Category B**)

**Primary Receptacle:** The primary receptacle contains the "Biological Substance, Category B" 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(s) and the secondary packaging for liquid substances. The packaging must be secured in outer packaging with cushioning material.

**NOTE: The primary receptacle(s) or the secondary packaging must be capable of withstanding without leakage an internal pressure producing a pressure differential of not less than 95 kPa (0.95bar, 14 psi).**

**Outer Packaging: Rigid packaging** that must be capable of successfully passing a 1.2 meter (3.9 feet) drop test without leakage from the primary receptacle(s). At least one surface of the outer packaging must have a minimum dimension of 100mm by 100 mm (4 in x 4in). Maximum quantity contained in each primary receptacle, including material used to stabilize or prevent degradation of the sample, may not exceed 1 L (34 ounces). The maximum outer packaging limitation, not including ice, dry ice or liquid nitrogen if applicable, may not exceed 4 L (1 gallon)

#### **Documentation:**

1. A completed Airway Bill will be completed
2. [Lab-5](#) form completed/ placed inside package between secondary/outer packaging
3. Itemized list of contents is required to be placed between the secondary and outer packaging.
3. No shipping declaration required for shipping UN3373

#### **Labeling/marking the outer packaging:**

1. The proper Shipping name "Biological Substance, Category B"
2. UN 3373 marking ( inside a diamond shape with contrasting background)
3. Name, address, phone number of the shipper/responsible person.
4. Name, address and phone number of the consignee
5. Package orientation arrows (this way up) on 2 sides

# Category B (UN3373)

## 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** **Biological Substance Category "B" UN3373**  
First 24 characters will appear on invoice.

**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

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**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 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.

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**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.

\*\* To most locations.

**(Leave this section blank)**

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**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.

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**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

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging.     **Cargo Aircraft Only**

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**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<sup>1</sup>** **(FedEx will complete this section)** **\$.00**

<sup>1</sup>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.

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**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**  
age 6

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

CLINICAL SPECIMENS/REFERRED CULTURE	ENVIRONMENTAL/OTHER SAMPLES
NJDHSS Case Number: <b>113006MJF01</b> <i>(Lab Use Only)</i> PHEL Accession Number: _____ Name of Requesting Agency/Institution: <b>A Nice Medical Center</b> Address: <b>555 Main Street</b> City: <b>Anytown</b> State: <b>NJ</b> Zip: <b>00000</b> Phone: <b>555-555-5555</b> Fax: <b>555-555-5555</b> Patient Name: <b>Doe, John</b> <span style="margin-left: 100px;"><i>(Last)</i></span> <span style="margin-left: 100px;"><i>(First)</i></span> DOB or Age: <b>01/23/1945</b> <span style="margin-left: 100px;"><i>(MM/DD/YYYY)</i></span> Collection Date: <b>11/30/2006</b> <span style="margin-left: 100px;"><i>(MM/DD/YYYY)</i></span> Describe Sample: <b>Blood culture on agar slant</b> Culture Growth Temperature (if applicable): <input checked="" type="checkbox"/> 37° <input type="checkbox"/> Other: _____ Analysis Requested (Suspected Select Agent): <b>rule out Bacillus anthracis</b>	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: _____ <span style="margin-left: 100px;"><i>(MM/DD/YYYY)</i></span> 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	Give to courier
Person Submitting Specimen for Delivery ( <i>Signature</i> ) <i>Jane Doe</i>				
Person Making Delivery ( <i>Print</i> ) Delivery Man	11/30/06	9:30 AM	DM	Receive from hospital lab
Person Making Delivery ( <i>Signature</i> ) <i>Delivery Man</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).

**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: _____
<b>(Lab Use Only)</b> PHEL Accession Number: _____	<b>(Lab Use Only)</b> 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: _____ <span style="margin-left: 100px;">(Last)</span> <span style="margin-left: 100px;">(First)</span>	Sample Collected By: _____
DOB or Age: _____ <span style="margin-left: 100px;">(MM/DD/YYYY)</span>	Collection/Pickup Site: _____
Collection Date: _____ <span style="margin-left: 100px;">(MM/DD/YYYY)</span>	Collection Date: _____ <span style="margin-left: 100px;">(MM/DD/YYYY)</span>
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).