**UW Medicine - Pathology**

400-01-01-01

Shipping Instructions

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| Adopted Date: 09/01/91Review Date: 09/2007Revision Date: 08/2012 |

PURPOSE

To ensure proper shipment and delivery of Cytogenetics specimens.

PROCEDURE

1. Instruct clients to notify us when shipping samples by calling the main lab number.
2. To ensure that samples are properly handled, instruct clients to **use only the following phone numbers and address.** (We are not affiliated with Community Services--Laboratory Medicine.)
	* Packaging: Tube(s) must be labeled and bagged. Attach completed Cytogenetics Request form to outside of bag.
	* Name of Lab: Cytogenetics Laboratory
	* Department of Anatomic Pathology
	* University of Washington Medical Center
	* Address:

Room NW-125

University of Washington Medical Center

Department of Anatomic Pathology Box 356100

1959 NE Pacific Street

Seattle, WA 98195‑6100

* Phone: (206) 598-4488
* Hours for Specimen Receipt at the Cytogenetics Laboratory (NW-125): 8 AM - 5 PM Monday – Friday

(For Emergencies / After Hours the Specimen Processing Services laboratory (NW-220) is open 24 hours a day for receipt of specimens)

* For Emergencies / After Hours: Message at (206) 598-4488 or Paging operator (206) 598-6190 🡪 Page the Cytogenetics Faculty Member On-Call
* Available Upon Request:
	+ - * Cytogenetics Request forms
			* Specimen Collection Guide
			* Transport media
			* Charge policy

3. Courier service is available, if requested by a local client, by calling Delivery Express:

**Your account number is: 112250**

Orders can be placed over the phone or online.

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| **Ordering:****Calling:**When calling we will need to know the following information:1. Your account number
2. Where we’re picking up
3. Where we’re dropping off
4. When your shipment is ready
5. When it needs to be delivered
6. Any special instructions for pickup or delivery

**Online:**Your online login is:Login**: uwpath** & password**: delivery**For online ordering please login at our website: **www.deliveryexpressinc.com**For additional help with online ordering please email ; jenniferr@deliveryexpressinc.com**Phone Numbers:**Please call us at one of the following numbers to place an order over the phone:* + 425-251-3533 Main Line
	+ 425-455-9504 Bellevue
	+ 253-254-0280 Tacoma
	+ 888-895-1005 Toll Free

**Contacts (email links):**Billing: kenj@deliveryexpressinc.comCustomer Service: kristinp@deliveryexpressinc.com Operations Manager: mikem@deliveryexpressinc.com | **Service Levels:**

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| **Same Day:** |
| DIRECT | Pick up in 30 min. and deliver directly |
| RUSH | Deliver in 90 minutes or less |
| PRIORITY | Deliver in 3 hours or less |
| Economy | Deliver in 5 hours or less |
| All Day | Call by 10 AM for delivery by 5 PM |
|  |
| Box Truck | 2 hours, 4 hours, After Hours |
| After Hours¹ | Delivery within 2 hours |
| Route\* | Pre-scheduled pickups and deliveries |
|  |  |
| **Out of Area (over 50 miles):** |
| Rush Pick up in 60 minutes and delivers directly Pick up in 60 minutes and delivers directly | Pick up in 60 min. and deliver directly |
| Priority | Delivery within 3 hours of order |
| All Day | Call by 10 AM for delivery by 5 PM |
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| **Overnight² (ON):** |
| Rush ON | Delivery Next Day by 9:00 AM |
| Priority ON | Delivery Next Day by 10:30 AM |
| All Day ON | Delivery Next Day by 3:00 PM |
| Local Letter\* | After Hrs pickup, deliver by 10:30 AM |
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| **\***Call to be set up for Route or Local Letter Service |
| ¹After Hours service applies to weekday orders due after 6pmand/or ready before 7am & all weekend orders |
| ²Overnight orders need to be called in and ready before 5 PM andavailable for pickup until 6 PM |

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| **Hours of Operation:** |
| We are open **24** hours per day, **7** days per week, |
| **365** days per year! |
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| **Normal Business Hours:** 7 AM – 6 PM, M-F. |
| **After Hours:** Surcharge applies to After Hours orders |
| **Additional rate info: www.deliveryexpressinc.com** |

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RELATED DOCUMENTS

* + - * 1. Cytogenetics Request forms
				2. Specimen Collection Guide

REFERENCE

Charge Policy, 400-10-01-01

Written By: Director Approval:

(Signature and Date) (Signature and Date)

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 Cytogenetics Supervisor