**TRANSPORT PACKAGE LABEL**

*\*\* Autologous Tissue Enclosed \*\**

Shipping Facility:

Address:

Phone:

Contact Name:

Receiving Facility:

Address:

Phone:

Date/Time Tissue Packaged: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transport Container Expiration Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (24hours from package date/time)

Storage Conditions of Tissue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quantity of Dry Ice enclosed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_