**Department of Transportation (DOT) Shipper’s Manifest**

**Division 6.2 Materials (Category A Infectious Substances)**

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| ***SHIPPER’S NAME & ADDRESS (SUBMITTING FACILITY TO COMPLETE)*** |
| **Name:** |
| **Facility:** |
| **Street:** |
| **City:**  **State:** ***RI*** **Zip Code:** |

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| **CONSIGNEE** |
| **Name:** Cindy Vanner |
| **Facility:** Rhode Island State Health Laboratories |
| **Street:** 50 Orms Street |
| **City:** Providence **State:** RI **Zip Code:** 02904 |
| **Phone:** 401-641-5135 |

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| **#**  **Boxes** | **Basic Description**  **UN#, Proper Shipping Name, Hazard Class** | **Total Quantity**  **(i.e.: gm or ml)** |
|  | UN2814, Infectious substance, affecting humans, (suspected Category A infectious substance), 6.2 |  |
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| **24 hr. Emergency Contact Phone: (include area code):** (\_\_\_\_\_) *-* \_\_\_\_\_\_ -\_\_\_\_\_\_\_\_\_\_\_ |
| Offeror’s Name or Contract # (complete only if shipper is **NOT** the emergency contact): |

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| **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, and are in all respects in proper condition for transport according to applicable Department of Transportation regulations.**  SHIPPER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SHIPPER’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ |

10/27/14