

Infectious Substances Shipping Document

Shipper Name/Address:

Consignee Name/Address:

Contact Telephone:

Air Waybill Number / Tracking No.:

Date of Shipment:

Details of Dangerous Goods

Proper Shipping Name	Class	UN Number	Packing Group	Quantity & Type of Packing

Additional Handling Information:

Emergency Contact:

Shipper's Declaration:

Name of Shipper:

Signature:

Date:
