

# Infectious Substances Shipping Declaration

**Shipper Name:**

**Shipper Address:**

**Consignee Name:**

**Consignee Address:**

**Air Waybill/Tracking Number:**

**Date:**

**Proper Shipping Name:**

**UN Number:**

**Quantity and Type of Packaging:**

**Class/Division:**

**Detailed Description:**

**Additional Information:**

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**Shipper's Signature**

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**Date**