

Fax this sheet to (888) 858-8172

1. BY SIGNING BELOW, I attest that to the best of my knowledge the donated drug(s)

A) have been properly stored, in accordance with the manufacturer's recommendations, and have never been opened, used, adulterated or misbranded AND

B) since originally dispensed, the donated drug(s) have been in the possession of a pharmacy, skilled nursing facility, intermediate care facility or trained staff.

2. PICKUP LOCATION

Front Office Nursing Station DON Office Other _____

NAME _____ TITLE _____

SIGNATURE _____ DATE _____ TOTAL # OF PAGES _____

Peel Label HERE →

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Test Or Donor
727 W Burnside St.

Portland, OR 97209
(650) 488-7434

Ship Date: 31JAN15
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TO (650) 488-7434

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FedEx
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INV: Test Or Donor
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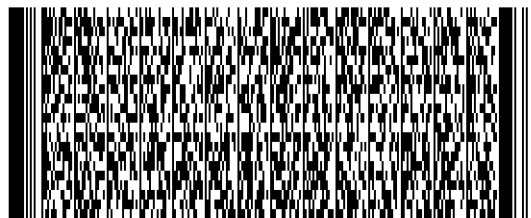
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Boxes

Padded envelopes

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Sharpies



1
of
1



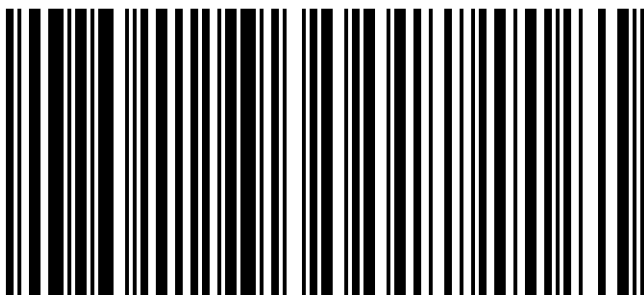
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SIRUM

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P.O. Box 19636
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**Test Or Donor
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Portland, OR 97209**