

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 _____

Peel Label HERE →

From:
Ordonor
1825 Sw Broadway
Portland, OR 97201
(650) 488-7434

Ship Date: 20MAY16
ActWgt: 2.00 LB
CAD: 101365579/WSX12350

TO (650) 488-7434

Test Or Recipient

727 W Burnside St.

Portland, OR 97209

(US)

FedEx
Ground



Ref: D274R276T3398T
INV: Ordonor
PO: Ordonor

Dept.

CIRCLE SUPPLIES NEEDED (optional)

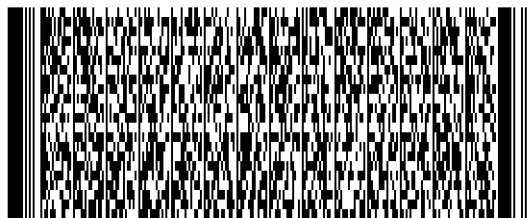
Shipping Labels

Boxes

Padded envelopes

Packing tape

Sharpies



1
of
1

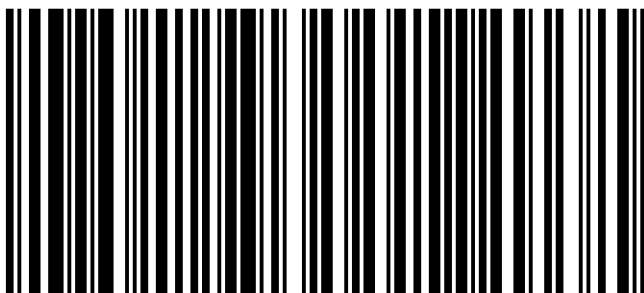


**THANK YOU! FEDEX WILL COME
THE NEXT BUSINESS DAY**

Tracking #971424215234255 - D274R276T3398T

Ordonor
1825 Sw Broadway, Portland, OR 97201

Test Or Recipient
727 W Burnside St., Portland, OR 97209



(9612019) 9714242 15234255

GND
Prepaid

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SIRUM

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P.O. Box 19636
Stanford, CA 94309

**Ordonor
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1825 Sw Broadway
Portland, OR 97201**