INVOICE

[Company Name]
[Street Address]
[City, State, Zip]

Invoice #: _____
Date: _____
PO #: _____

SHIPPER / ORIGIN

[Facility Name]
[Contact Person]
[Phone Number]

CONSIGNEE / DESTINATION

[Hospital/Lab Name]
[Department]
[Delivery Address]

COLD CHAIN REQUIREMENTS

Temp. Range: _____
Coolant Type: _____
Logger ID: _____
Storage Class: _____
Stability Period: _____
Handling Code: _____

Product Description / Lot #	Quantity	Unit Price	Total

SUBTOTAL: $_____
SPECIAL HANDLING: $_____
GRAND TOTAL: $_____

DECLARATION & SIGN-OFF

Released By (Name/Date)

Received By (Name/Date)

TIME SENSITIVE BIOLOGICAL MATERIALS - STORE AT SPECIFIED TEMPERATURE IMMEDIATELY UPON RECEIPT