



## Sample Shipment Request

For  CT  DR  Pre-Collection  Others

To : BTCSCC	From :
Recipient ID :	Recipient Name :
Donor ID(1) :	Donor ID(2) :
Donor ID(3) :	Donor ID(4) :
Donor ID(5) :	Donor ID(6) :
Donor ID(7) :	Donor ID(8) :
Donor ID(9) :	Donor ID(10) :
Total ____ donor(s)	

### Sample Instructions

Maximum of sample volume 30ml for CT, DR and 100ml for pre-collection	
____ ml No Anticoagulant	____ ml EDTA
____ ml ACD	____ ml Heparin

### Delivery Address

Contact Person :	Hospital :
Laboratory :	Zip Code :
TEL :	FAX :
Address :	
Suggested Arrival Date : (yyyy/mm/dd)	<b>Courier Instructions</b> <input type="checkbox"/> FedEx <input type="checkbox"/> World Courier (paid by TC on receipt) <input type="checkbox"/> Others _____
Alternative Arrival Date : (yyyy/mm/dd)	

Other Comments :

Person Completing this form :	TEL :
	FAX :
Title :	Date : (yyyy/mm/dd)

970 花蓮市中央路三段 707 號

707 Sec. 3, Chung Yang Road, Hualien, Taiwan 970, R.O.C

Tel : 886-3-8561825 Ext : 3216/3519 Fax : 886-3-8574324 Email : btcsc@tzuchi.org.tw

E6A0021857-02