



## 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)

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