

DCTD Tumor Repository - Domestic Shipping Form		
Effective Date:	10-15-2021	Page 1 of 2

DCTD Tumor Repository Domestic Shipping Form

Type all information and email completed documentation in a single e-mail to:

DCTDTumorRepository@mail.nih.gov

Section 1: Applicant Information

PI (Recipient Investigator) Name:		MTA #	
Shipping Contact Name:	Shipping Contact Phone:	Shipping Contact E-mail:	
Shipping Address:			
Select One: <input type="checkbox"/> FedEx Account #: <input type="checkbox"/> Investigator Supplies a Pre-paid FedEx Label – Supply the following information to FedEx: <ul style="list-style-type: none"> • Shipping From: Charles River Labs/FNLCR 1073, Beasley Drive, Frederick, MD, 21702. • Send Priority Overnight with dry ice. Box Size is 12 x 10 x 11 / total weight is 11 lbs. with 10 lbs. dry ice. • Select "Dry Ice" in Special Services Section 			

Section 2: Samples Requested: The DCTD Tumor Repository only distributes 1 vial of each material per requestor.

	Material Name	Type: Fragment, Cell Line, Brei	Sample/Lot # <i>(Repository Use Only)</i>
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