

Canada

HEALTH FACILITY: WEBEQUIE NURSING STATION
 FACILITY ADDRESS: WEBEQUIE, ONT, P0T 3A0
 FACILITY PHONE NO: 807 353 7241

UN 3373
 Biological Substances
 Category B Class 6.2

Date	Quantity of Specimens	Contents of Shipping Box and Classification (Infectious Substance or Biological Substance)	Start Time of Delivery	Delivery Location	Final Destination (If different from delivery location)
16/10/04	11/11/11	Blood Tubes		Sioux Lookout Manager of Laboratory SLM4 H.C	
	11	Urine Bottles			
		Glass Slides			
		Swabs			

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SHIPPER'S DECLARATION FOR DANGEROUS GOODS

Operator *HEALTH CANADA*
FIRST NATIONS - INDIAN HEALTH BRANCH
NEWHERE NURSING STATION
SOMEWHERE, ON PRT 1E9
ONE IXE R.N. 807-733-3456

Air Waybill No.

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Shipper's Reference Number
 (optional)

consignee

DR. MIKE SOOTS 807-415-7761
CANADIAN FOOD INSPECTION AGENCY
307 EULLID AVENUE
THUNDER BAY, ON PTE 6G6

SAM PLE

Two completed and signed copies of this Declaration must be handed to the operator.

WARNING

Failure to comply in all respects with the applicable Dangerous Goods Regulations may be in breach of the applicable law, subject to legal penalties. This Declaration must not, in any circumstances, be completed and/or signed by a consolidator, a forwarder or an IATA cargo agent.

TRANSPORT DETAILS

This shipment is within the limitations prescribed for:
 (delete non-applicable)

Airport of Departure

SOMEWHERE, ON

Passenger and Cargo Aircraft

Cargo Aircraft Only

Port of Destination:

Thunder Bay, ON

Shipment type: (delete non-applicable)

☒ NON-RADIOACTIVE ☐ RADIOACTIVE

NATURE AND QUANTITY OF DANGEROUS GOODS

Dangerous Goods Identification					Quantity and type of packing	Packing Inst.	Authorization
Proper Shipping Name	Class or Division	UN or ID No.	Packing group	Subsidiary Risk			
<i>Infectious substance, affecting humans</i> <i>Risk Group 3</i> <i>(Rabies virus)</i>	<i>6.2</i>	<i>UN 2814</i>			<i>1 Fibreboard Box x 4 Kg</i>	<i>602</i>	<i>SPAB1</i>

Additional Handling Information *"PRIOR ARRANGEMENTS AS REQUIRED BY THE IATA DANGEROUS GOODS REGULATIONS 1.3.3.1 HAVE BEEN MADE."*

24 hr. Emergency Contact Tel. No.: *613-996-6666 Canutec*

Shipment is made under the provisions of ICAO

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Name/Title of Signatory *Jane Doe Registered Nurse*
 Place and Date *SOMEWHERE, ON January 26, 2003*
 Signature *Jane Doe R.N.*
 (see warning above)