

MATERIEL COURIER RECEIPT		SHIPPER'S CONTROL/DOCUMENT NO.	PRIVACY ACT STATEMENT			
SHIPPER Umatilla Health Clinic, Oregon		SUPPLY ACCOUNT NUMBER	<small>AUTHORITY 5 U.S.C., Sec 552a (PL 93-579)</small> <small>PRINCIPLE PURPOSES: To provide a receipt for transfer of controlled material. The use of the SSAN is required and is necessary to provide positive identification of the individuals receiving for the materiel.</small> <small>ROUTINE USES: To document transfer of materiel from a shipper to a courier, courier to courier and/ or receiver.</small> <small>DISCLOSURE IS VOLUNTARY: Since the SSAN must be used, refusal to provide SSAN may be grounds for action to remove the individual concerned from duties involving the materiel transferred by use of this form.</small>			
DESTINATION USAMRICD APG, MD		SUPPLY ACCOUNT NUMBER				
I certify by my signature that I have received the materiel listed on this form and am aware of the applicable safety and security requirements.			SHIPMENT DESCRIPTION			
SHIPMENT TRANSFERS			LINE NUMBER	QUANTITY	SERIAL NUMBERS	REMARKS
FIRST	LOCATION OF TRANSFER Umatilla Health Clinic, Umatilla, OR	DATE (YR/MO/DAY) 03/01/31	1	2	Urine Specimens (Frozen)	
			2	3	Blood Specimens (Unfrozen)	
RECIPIENT'S PRINTED NAME (LAST, FIRST, M.I.) Doe, Jane W.		ORGAN. OR ACCOUNT NO.	transfer to USAMRICD			
SIGNATURE Jane W. Doe		SOCIAL SECURITY NUMBER 123-45-6789				
SECOND	LOCATION OF TRANSFER USAMRICD, Bldg E3100, Rm 39, APG, MD 21010-5400	DATE (YR/MO/DAY) 03/01/31	Received samples at MRICD at 1225. Specimens were contained within a shipping cooler with KoolPacks. Samples were removed from cooler and visually inspected. Blood specimens (unfrozen) were placed in refrigerator; urine specimens (frozen) were placed in -70 C freezer. All seals intact. Room 39 door locked and secured.			
RECIPIENT'S PRINTED NAME (LAST, FIRST, M.I.) Smith, John A.		ORGAN. OR ACCOUNT NO.				
SIGNATURE John A. Smith		SOCIAL SECURITY NUMBER 987-65-4321				
THIRD	LOCATION OF TRANSFER	DATE (YR/MO/DAY)				
RECIPIENT'S PRINTED NAME (LAST, FIRST, M.I.)		ORGAN. OR ACCOUNT NO.				
SIGNATURE		SOCIAL SECURITY NUMBER				
FOURTH	LOCATION OF TRANSFER	DATE (YR/MO/DAY)				
RECIPIENT'S PRINTED NAME (LAST, FIRST, M.I.)		ORGAN. OR ACCOUNT NO.				
SIGNATURE		SOCIAL SECURITY NUMBER				
FIFTH	LOCATION OF TRANSFER	DATE (YR/MO/DAY)				
RECIPIENT'S PRINTED NAME (LAST, FIRST, M.I.)		ORGAN. OR ACCOUNT NO.				
SIGNATURE		SOCIAL SECURITY NUMBER				