



Shipping Solution Request Form

To your best ability, please fill out all the requested data below so that DiNovo can quickly develop a shipping solution and provide pricing on the pack out components. Please feel free to contact our office for any additional questions.

Date: _____ **Company Name:** _____

Name of Project: _____ **Delivery Location:** _____

Allowable Temperature Limits: Lower Limit (celcius): _____ Upper Limit (celcius): _____

Allowable Excursions: Low Temp. (celcius): _____ High Temp. (celcius): _____ **Quantity:** _____ **Exposure Time:** _____

Transit Duration: 24/hrs 36/hrs 48/hrs 60/hrs 72/hrs **requested time does not guarantee feasibility.

Drug Container and Material: _____ **Drug Volume:** Min. (ml) _____ Max. (ml) _____

Min. Payload space (inches): (width) X _____ (depth) X _____ (height) _____ **Is an ISTA Certified Lab Qualification Report Required?** *ISTA 7e summer/winter profile utilized unless noted otherwise.

Max. Payload space (inches): (width) X _____ (depth) X _____ (height) _____

Carton requested to protect manufacturer's packaging: _____ **Can payload be turned on its side:** _____

Shipping Container Material: Curbside Recyclable EPS Foam Most efficient/cost effective solution

Refrigerant style: Tradional Gel Pack Foam Brick Non-Sweat Gel Pack Phase Change Material

Need refrigerant delivered frozen/refrigerated (pallet quantities only)? _____ **Lift Gate Required?** _____

Preferred void fill/protection material: kraft paper bubble wrap air pillows no preference

Box Style (check all that apply): Brown White Printed if yes, how many colors? _____ **Strength:** _____

Additional information: _____

Contact Name: _____ **Contact Number:** _____

Contact Email: _____