



Courier Request / Chain of Custody Form

Please complete this form and return completed form to courier-ma@avistapharma.com.

Type of Courier Service required

Service Options	
<input type="checkbox"/>	Standard Courier Service ^{1,2} (sample pickup / drop-off between 10:00am – 3:00pm)
<input type="checkbox"/>	Off-Hours Courier Service ^{1,2} (sample pickup / drop-off before 10:00am or after 3:00pm, 100% surcharge)
<input type="checkbox"/>	STAT Courier Service ³ (service request made on same day or shorter than 2hr pickup / drop-off window, 200% surcharge)
¹ Requires at least 24hr notice of service request. ² Requires a minimum of 2hr pickup window. ³ All STAT Courier Service requests require pre-approval by Avista Pharma Solutions and is subject to capacity and availability.	

Pickup / Drop-off Information

PO #:			
Contact Person:			
Contact Phone #:			
Contact E-mail:			
Pickup / Drop-off Address:		Billing Address: (if different than pickup address)	Accounts Payable
<input type="checkbox"/> Single Pickup / Drop-off (record date)			
<input type="checkbox"/> Recurring Pickup / Drop-off (record days)			
Earliest Time for Pickup ⁴ / Drop-off:			
Latest Time for Pickup / Drop-off:			
Number and description of Items to be PICKED UP ⁵ : (e.g 1 cooler; can be completed at time of pickup)		<input type="checkbox"/> N/A	
Number and description of Items to be DROPPED OFF : (e.g. 1 cooler w/ icepacks, 15 TSA settling plates, etc.)		<input type="checkbox"/> N/A	
Additional Information (if applicable):		<input type="checkbox"/> N/A	
⁴ Items must be available at the earliest time for pickup. If the samples are not available and the courier is able to wait for the samples, any additional wait time will be billed at a rate of \$75.00 per half hour waited (rounded up to nearest half hour), beginning 15 minutes after arrival. ⁵ Client is responsible for packing samples at desired shipping conditions.			

Chain of Custody

Request Submitted by:	_____	_____	_____
	Printed	Signature	Date
Client Signature at time of Pickup/Drop-off:	_____	_____	_____
	Printed	Signature	Date
Courier Signature at time of Pickup/Drop-off:	_____	_____	_____
	Printed	Signature	Date

FOR INTERNAL USE ONLY			
Courier Scheduled by:	_____	_____	Courier Arrival At Client
	Initials	Date	Date:
Delivery Received by: (N/A for drop-offs)	_____	_____	Time:
	Initials	Date/Time	Initials: