

NPHL Category B Shipping Paper Ground Courier

Responsible Person: Name _____ Facility _____ Address _____ City, State, Zip _____ Phone number _____			
Consignee: Client Services Nebraska Public Health Laboratory 4400 Emile Street MSB 3500 (Pathology) Omaha NE 68105 Phone (866) 290-1406		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	
List of Contents (organism name)	Shipping Description	Total Quantity (number plates or tubes)	
_____	UN3373, Biological Substance Category B, Division 6.2	_____	
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 labeled/placarded, and are in all respects in proper condition for transport according to the applicable international and national governmental regulations.		Shipper Name (print): _____ Signature: _____ Date: _____	

Shipping Instruction Checklist

UN3373 Biological Substances Category B

Via NPHL Ground Courier to NPHL

- The shipper is legally responsible for complying with DOT regulations**, following prescribed instructions, and packing substances correctly to ensure the safety of all personnel who handle the package before, during, and after shipment to the point of acceptance of the package by the recipient. **Failure to comply in all respects with the Dangerous Goods Regulations may be in breach of the law, subject to legal penalties.** Patient specimens classified as Category B by microbiology department must be placed in a **triple packaged UN3373 Biological Substance Category B** shipping systems, especially when non-exclusive courier (OnTrak) is used.

Examples of Category B pathogens: The list is provided as guidance only, not all inclusive and subject to change:

Category B, Biological Substance UN3373

Reportable organisms required to ship to NPHL for further studies, to comply with State Regulations Title 173:

Bordetella pertussis
Haemophilus influenza (sterile site)
Listeria monocytogenes
Neisseria meningitidis
Salmonella spp
Vibrio cholerae

Propagated growth that does not meet criteria of Category A must be assigned to UN3373 Biological Substance, Category B (Examples: Staph, Strep, GNR including possible CRE or CRPA, GPR, fungal, Covid, MERS, Stool Maintenance)

DO NOT SHIP PROPAGATED TB OR ECOLI O157 AS CATEGORY B

ALL PRIMARY/SECONDARY PACKAGING MUST BE DONE IN BIOSAFETY CABINET OR BEHIND PROTECTIVE PPE & FACE SHIELD. SECONDARY MUST BE DISINFECTED AND TAKEN TO CLEAN AREA TO COMPLETE FINAL PACKAGING OF OUTER BOX.

- Confirm isolate or patient specimen is a **leak-proof** primary container. Transfer to leak-proof container if necessary.
- Label primary container with **all patient identifiers**, first/last name, DOB, date and time of collection and source.
- Re-enforce screw top lids with tape or Parafilm.
- Place one primary container per biohazard bag with adsorbent. Use extra gauze or paper towel if not provided.
- Disinfect** biohazard bag(s). Expel all air and seal.
- Another secondary container **MUST** be used only when shipping by FedEx. NPHL provides a 95 kPa white Tyvek or clear 95kPa bag which complies with these pressure requirements.
- Disinfect secondary container and take to clean area of lab to complete packaging.**
- Place secondary into rigid outer box, use bubble-wrap to prevent shifting.
- Refrigerated specimens** must be shipped in insulated cardboard boxes (Styrofoam/thermo-envelope) with **frozen gel-packs**
- Frozen specimens** must be shipped with **dry ice** and require extra labels – UN1845 and Weight in Kg on outside of box
- Place completed NULirt printed batch list or NPHL Test Request form between the secondary and outer rigid box.
- Close and seal box using tape.
- Required Labels on OUTER BOX** – Address on Airbill must match address on outside of box. Both sets are required.
 - Shipper (**person actually physically packaged**) – First and Last Name, Full Address with city, state, and zip code and Phone number.
 - If different than shipper, **Responsible Person/Phone number should be listed below shipper address, MUST have immediate access during business day and must have knowledge of the contents of the payload.**
 - Recipient/Consignee – First and Last Name, Full Address with city, state, and zip code and Phone number.
- NPHL Ground Courier Category B Shipping Form** – complete the following:
 - Shipper full name, address and phone number, same as listed on outside of box.
 - List of Contents – list all organism shipped in secondary container.
 - Total Quantity – list number of plates or tubes
 - Print Responsible Person Name, write signature and date of declaration.
- Make copy of all paperwork (supporting patient order form, shipping paper, etc.). **Save all documentation for 2 years in case of possible DOT/FAA inspection** in designated area.
- Tape or place paperwork into clear re-sealable pouch attached to top flap of box. Arrange with NPHL courier for pickup.
- Call Client Services (866) 290-1406 if routine pickup is not available.