SHIPPER'S DECLARATION FOR DANGEROUS GOODS

Shipper	Air Waybill No. _____ Page ____ of ____ Pages Shipper's Reference Number: (optional)
Consignee Missouri State Public Health Laboratory Tuberculosis Laboratory 101 N. Chestnut Street Jefferson City, MO 65101 573-751-4830	Missouri State Public Health Laboratory Courier Use Only
Two completed and signed copies of this Declaration must be included with this package.	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.

Transport Details

This shipment is within the limitations prescribed for: *(delete non-applicable)* PASSENGER AND CARGO AIRCRAFT / CARGO AIRCRAFT ONLY	Airport of Departure
Airport of Destination	Shipment Type *(delete non-applicable)* NON-RADIOACTIVE / RADIOACTIVE

NATURE AND QUANTITY OF DANGEROUS GOODS

Dangerous Goods Identification						
UN or ID No.	Proper Shipping Name	Class or Division (Subsidiary Risk)	Packing Group	Quantity and Type of Packing	Packing Instructions	Authorization
UN2814	Infectious substance, affecting humans (Mycobacterium tuberculosis)	6.2			602	

Additional Handling Information

Emergency Telephone Number:

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 the applicable international and national governmental regulations. I declare that all of the applicable air transport requirements have been met.

Name and Title of Signatory

Place and Date

Signature
(see WARNING above) X_____

Print Form