



Clinical Analysis Laboratory
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Courier Package Integrity Log

(One per client)

TO BE COMPLETED BY COURIER		
Client's Name:	*Package(s) integrity acceptable YES / NO	Initial/Date

* Observed for obvious leaks or damage.

TO BE COMPLETED BY CLIENT
Print Name:
**Signature/Date:

** By signing, client representative acknowledges that the package(s) were packed according to the DOT of Hazardous Materials Regulations.