

**Date:** [Insert Date]

**To:** Relevant Transport Authorities / Customs Officers / Carriers

# **Subject: Clearance Letter for Transport of Biological Samples**

## **1. Consignor Information:**

Institution Name: [Insert Name]

Address: [Insert Address]

Principal Investigator/Contact: [Insert Name]

Phone Number: [Insert Phone Number]

## **2. Consignee Information:**

Institution Name: [Insert Name]

Address: [Insert Address]

Contact Person: [Insert Name]

Phone Number: [Insert Phone Number]

## **3. Description of Contents:**

Technical Name: [e.g., Clinical Swabs / Blood Samples]

Suspected/Confirmed Pathogen: [Insert Pathogen Name]

Classification: [e.g., Category B, UN3373 / Category A, UN2814]

Quantity: [Number of vials/tubes and total volume]

## **4. Declaration of Safety and Packaging:**

I hereby certify 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 applicable international and national governmental regulations (IATA/ICAO/DOT).

## **5. Emergency Contact Information:**

24-Hour Emergency Contact: [Insert Name/Organization]

Emergency Phone Number: [Insert Number]

## **6. Authorization:**

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Signature of Authorized Official

[Printed Name]

[Title/Position]

[Institution Stamp/Seal]