

BOOKING FORM / EYE STRATEGY

YELLOW FEVER

Use one form per shipment

Please send this booking to the **World Health Organization** (EYE.ops@who.int).

The courier's country representative will arrange the pickup of the materials described below.

Information of booking form

DATE: (dd/mm/yyyy) :

PAGE(S): :

From: Name of the laboratory :

Type of request: Emergency EQA (please tick one box only)

Sent by email Sent by fax: (Please tick the box(es) you choose)

Please send this form completed to: EYE OPS eye.ops@who.int, WHE/ EYE Secretariat

CC (copying) the following persons:

- Fanilo RAMASOMANANA – ramasomananaf@who.int
- Marie-Eve Raguenaud - raguenaudm@who.int
- GYFLaN – GYFLaN@who.int

Laboratory contact person for the pickup :

Mobile phone :

Email :

LABORATORY SENDING THE SAMPLES :	LABORATORY TO DELIVER THE SAMPLES:
Laboratory Name:	WHO Yellow Fever Regional Reference Laboratories for Yellow Fever:
Adress:	<input type="checkbox"/> Institut Pasteur Dakar (IPD), Dakar - Senegal
City:	<input type="checkbox"/> Centre Pasteur Cameroon (CPC), Yaounde - Cameroon
Zip/Postal Code:	<input type="checkbox"/> Uganda Virus Research Institute (UVRI), Entebbe - Uganda
Country:	
Contact:	

WHO ACCOUNT: to be filled in by the EYE Secretariat

THE LOCAL OFFICE OF THE SHIPPING COMPANY WILL PROVIDE DRY ICE, ADEQUATE PACKAGING MATERIALS and REQUIRED PAPERWORK (DGD; AWB, other.) FOR THIS SHIPMENT.
Please tick the box(es) below and specify the type of temperature control required
<input type="checkbox"/> INFECTIOUS SUBSTANCES AFFECTING HUMANS' CATEGORY A - UN 2814
<input type="checkbox"/> Ambient / <input type="checkbox"/> Refrigerated (Gel packs +2/+8°C) <input type="checkbox"/> Frozen (-20°C) <input type="checkbox"/> Dry Ice (-80°C)
NUMBER OF VIALS AND QUANTITY IN ML: _____
<input type="checkbox"/> BIOLOGICAL SUBSTANCES CATEGORY B - UN3373
<input type="checkbox"/> Ambient / <input type="checkbox"/> Refrigerated (Gel packs +2/+8°C) <input type="checkbox"/> Frozen (-20°C) <input type="checkbox"/> Dry Ice (-80°C)
NUMBER OF VIALS AND QUANTITY IN ML: _____
<input type="checkbox"/> OTHER
<input type="checkbox"/> Ambient / <input type="checkbox"/> Refrigerated (Gel packs +2/+8°C) <input type="checkbox"/> Frozen (-20°C) <input type="checkbox"/> Dry Ice (-80°C)
NUMBER OF VIALS AND QUANTITY IN ML: _____
Number of inner packaging and size (if available):
<input type="checkbox"/> Other information: Import Permit / Export permit /detailed packing list
Date, Name and Signature of requestor: