

**Courier –United States Department Of Transportation  
(USDOT)**

**Category “B” Infectious Substance (UN3373)  
Table of Contents for Packaging and Shipping a Sample/Specimen to the  
New Jersey Department of Health and Senior Services BioThreat Response  
Laboratory Using a Courier (USDOT Regulations)**

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Page 2: Description of proper packaging and labeling scheme

Page 3: Directions to the New Jersey Department of Health & Senior Services

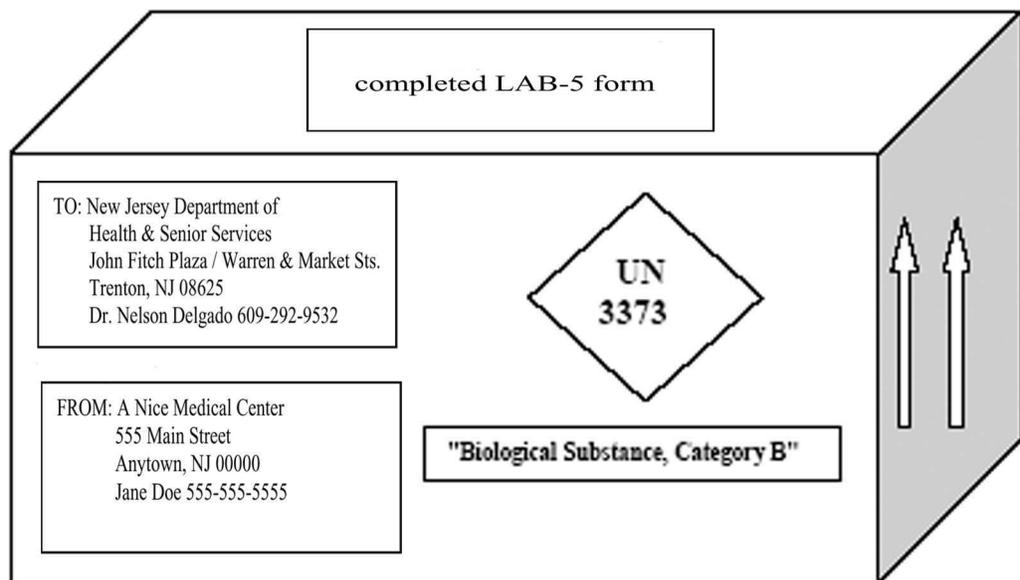
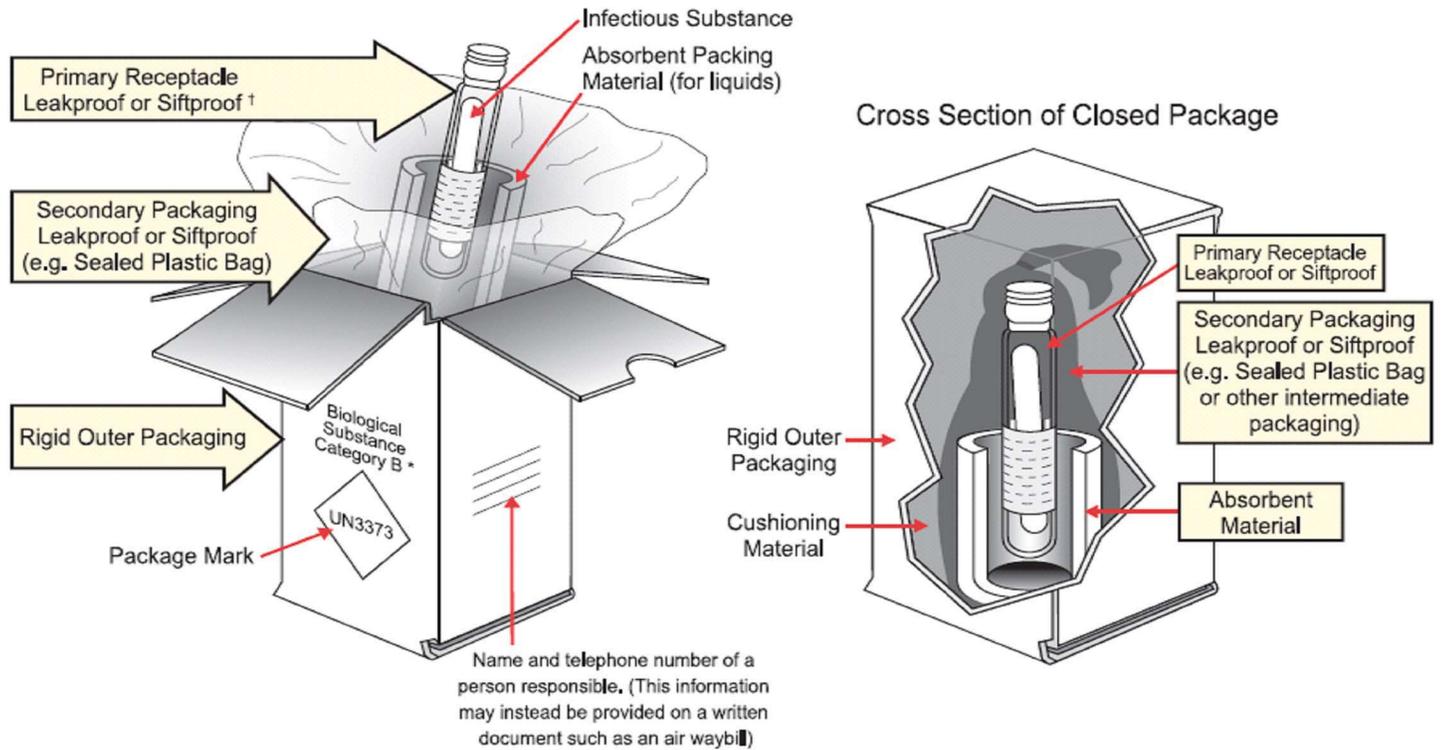
Page 4: Sample LAB-5 form (sample testing request and chain-of-custody) with required information filled-in.

Page 5: Blank LAB-5 form

The LAB-5 must be completed correctly for testing. All information requested is required. Be sure to sign the specimen destruction policy acknowledgement in the middle of the form. One (1) copy per specimen submitted must accompany the package. We recommend that the form be placed in an envelope and affixed to the outside of the package AFTER the courier signs the COC section (bottom) of the form.

If you have any questions, please contact the laboratory at:  
609-292-3755 / 609-292-3597 / 609-943-9925

# Courier/USDOT - Category B Packing and Shipping a Sample/Specimen to the New Jersey Department of Health and Senior Services Bio Threat Response Laboratory



**Ground Transportation (Courier)**

Category B Infectious Substance (UN3373)  
(Proper Shipping Name: **Biological Substance, Category B**)

**Primary Receptacle:** The primary receptacle contains the "Biological Substance, Category B" and must be watertight to prevent leakage. Screw caps must be fastened with tape, shrink seals, or other comparable material.

**Secondary Packaging:** One or more primary receptacles may be placed in a watertight secondary packaging. Multiple samples/specimens must be individually wrapped to prevent contact between them. Absorbent material must be placed between the primary receptacle(s) and the secondary packaging for liquid substances. The packaging must be secured in outer packaging with cushioning material.

**NOTE: The primary receptacle(s) or the secondary packaging must be capable of withstanding without leakage an internal pressure producing a pressure differential of not less than 95 kPa (0.95bar, 14 psi).**

**Outer Packaging: Rigid packaging** that must be capable of successfully passing a 1.2 meter (3.9 feet) drop test without leakage from the primary receptacle(s). At least one surface of the outer packaging must have a minimum dimension of 100mm by 100 mm (3.9 inches). Maximum quantity contained in each primary receptacle, including material used to stabilize or prevent degradation of the sample, may not exceed 1 L (34 ounces). The maximum outer packaging limitation, not including ice, dry ice or liquid nitrogen if applicable, may not exceed 4 L (1 gallon) An **itemized list of contents** is **not required** to be placed between the secondary and outer packaging.

**Documentation**

1. [LAB-5](#) form completed / not placed inside packaging-hand carried by courier

**Labeling/marking the outer packaging:**

1. The proper Shipping name "Biological Substance, Category B"
2. UN 3373 marking (inside a diamond shape with contrasting background)
3. Name, address, phone number of the shipper/responsible person.
4. Name, address and phone number of the consignee
5. Package orientation arrows (this way up) on 2 sides
6. **A shipping declaration is not required for shipping UN3373**

**NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES  
HAND CARRIED SPECIMEN DELIVERY**

Specimens should be delivered directly to the basement of the NJDHSS Laboratory Building at the John Fitch Plaza at the intersection of South Warren and Market Streets.

**DURING PUBLIC HEALTH EMERGENCIES, LAW ENFORCEMENT AGENTS WITH IDENTIFICATION MAY DELIVER SPECIMENS APPROVED BY THE DHSS COMMUNICABLE DISEASE PROGRAM WITH AN ASSIGNED CASE NUMBER.**

Those delivering specimens may park in a small lot adjacent to the Laboratory Building on South Warren St. Proceed down the ramp from the lot to the exterior of the Laboratory (greenhouse is on the left). In the alcove an intercom will be available to contact laboratory security to secure specimen entry. Agents delivering specimens should press the buzzer to initiate the process. A state security officer will **ONLY** admit authorized individuals, and initiate the chain of custody procedures.

Specimen Receipt Hours:           Monday through Friday 8:00 am–5:00 pm

For high priority specimens after hours and weekends, please contact the answering service at (609) 392-2020. During these times ring the bell by the main entrance of the Health and Agriculture Building door. A guard will assist with specimen submission.

**DIRECTIONS TO DHSS PUBLIC HEALTH AND ENVIRONMENTAL LABORATORY**

**FROM POINTS NORTH:**

- Rt 29 South     Follow to Trenton area; exit to the left at “Market Street” exit; turn left at the second stoplight onto Warren St. Turn left into small parking lot (greenhouse is on the left). See information above.
- Rt 206 South    Follow to Rt 1 South (see directions from Rt 1 below)
- Parkway S.     Follow to the NJ Turnpike South (see directions from NJ Turnpike.South below).
- Rt. 1 South     Stay left where Rt 1 and Alternate Rt. 1 split, just north of Trenton. Follow to Trenton area; exit to the right at “Capital Complex” exit (last exit in NJ); Turn right at the end of ramp (traffic light) on to Warren St.; go through the traffic light at the intersection of Market and Warren Sts. Turn left into the small parking lot by the greenhouse (on Warren St). Follow instructions above for delivering specimens.
- NJ Turnpike    Follow to exit 7A; take I-195 West , which will turn into Rt. 129 as the road crosses under I-295 (follow directions for I-195 West, below).

**FROM POINTS SOUTH AND EAST**

- I-295North     Take exit 60, Route 129, towards Trenton (see directions from Route 129 below).
- Rt 206 North    Exit on I-195 West to Rt. 129 (see from Rt. 129 below)
- I-195 West     As I-195 crosses under I-295 it becomes Rt 29; follow signs for Lambertville/29N, through the tunnel and past the baseball stadium; exit to the right at “Market St.” exit; turn left at the second stoplight onto Warren St. Turn left into the small parking lot by the greenhouse. Follow instructions above for delivering specimens.

**New Jersey Department of Health and Senior Services  
Public Health and Environmental Laboratories**

**REQUEST FOR TESTING OF SUSPECTED SELECT AGENTS AND CHAIN OF CUSTODY**

*Please provide the following information on each sample submitted for testing.*

CLINICAL SPECIMENS/REFERRED CULTURE	ENVIRONMENTAL/OTHER SAMPLES
NJDHSS Case Number: <b>113006MJF01</b>	NJDHSS HIPER Case Number: _____
<i>(Lab Use Only)</i> PHEL Accession Number: _____	<i>(Lab Use Only)</i> PHEL Accession Number: _____
Name of Requesting Agency/Institution: <b>A Nice Medical Center</b>	Name of Requesting Agency/Institution: _____
Address: <b>555 Main Street</b>	Address: _____
City: <b>Anytown</b>	City: _____
State: <b>NJ</b> Zip: <b>00000</b>	State: _____ Zip: _____
Phone: <b>555-555-5555</b> Fax: <b>555-555-5555</b>	Phone: _____ Fax: _____
Patient Name: <b>Doe, John</b> <span style="margin-left: 100px;"><i>(Last)</i></span> <span style="margin-left: 100px;"><i>(First)</i></span>	Sample Collected By: _____
DOB or Age: <b>01/23/1945</b> <span style="margin-left: 100px;"><i>(MM/DD/YYYY)</i></span>	Collection/Pickup Site: _____
Collection Date: <b>11/30/2006</b> <span style="margin-left: 100px;"><i>(MM/DD/YYYY)</i></span>	Collection Date: _____ <span style="margin-left: 100px;"><i>(MM/DD/YYYY)</i></span>
Describe Sample: <b>Blood culture on agar slant</b>	Describe Sample: _____
Culture Growth Temperature (if applicable): <input checked="" type="checkbox"/> 37° <input type="checkbox"/> Other: _____	
Analysis Requested (Suspected Select Agent): <b>rule out Bacillus anthracis</b>	Analysis Requested (Suspected Select Agent): _____

**NOTE: ALL SPECIMENS THAT TEST NEGATIVE FOR SELECT AGENTS MUST BE RETRIEVED 30 DAYS AFTER WRITTEN RESULT NOTIFICATION. ALL NEGATIVE SPECIMENS NOT CLAIMED AFTER 30 DAYS WILL BE DESTROYED.**

Signature of Submitter: \_\_\_\_\_

*Jane Doe*

Date: **11/30/06**

Sample Receiving (Chain of Custody / Official Use Only)				
Name	Date	Time	Initials	Action
Person Submitting Specimen for Delivery ( <i>Print</i> ) Jane Doe	11/30/06	9:30 AM	JD	Give to courier
Person Submitting Specimen for Delivery ( <i>Signature</i> ) <i>Jane Doe</i>				
Person Making Delivery ( <i>Print</i> ) Delivery Man	11/30/06	9:30 AM	DM	Receive from hospital lab
Person Making Delivery ( <i>Signature</i> ) <i>Doherty</i>				
Person Receiving Delivery ( <i>Print</i> )				
Person Receiving Delivery ( <i>Signature</i> )				

Approval (NJDHSS Case Number) is required for testing to proceed. To obtain case numbers for clinical specimens and suspect cultures, call CDS: 609-588-7500 (Monday-Friday, 8:00 AM to 5:00 PM; 609-392-2020 all other times). For environmental samples, call HIPER: 609-588-3572 (Monday-Friday, 8:00 AM to 5:00 PM; 609-392-2020 all other times).

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Public Health and Environmental Laboratories**

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NJDHSS Case Number: _____	NJDHSS HIPER Case Number: _____
<b>(Lab Use Only)</b> PHEL Accession Number: _____	<b>(Lab Use Only)</b> PHEL Accession Number: _____
Name of Requesting Agency/Institution: _____	Name of Requesting Agency/Institution: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Patient Name: _____ <span style="margin-left: 100px;">(Last)</span> <span style="margin-left: 100px;">(First)</span>	Sample Collected By: _____
DOB or Age: _____ <span style="margin-left: 100px;">(MM/DD/YYYY)</span>	Collection/Pickup Site: _____
Collection Date: _____ <span style="margin-left: 100px;">(MM/DD/YYYY)</span>	Collection Date: _____ <span style="margin-left: 100px;">(MM/DD/YYYY)</span>
Describe Sample: _____	Collection Time: _____
Culture Growth Temperature (if applicable): <input type="checkbox"/> 37° <input type="checkbox"/> Other: _____	Describe Sample: _____
Analysis Requested (Suspected Select Agent): _____	Analysis Requested (Suspected Select Agent): _____

**NOTE: ALL SPECIMENS THAT TEST NEGATIVE FOR SELECT AGENTS MUST BE RETRIEVED 30 DAYS AFTER WRITTEN RESULT NOTIFICATION. ALL NEGATIVE SPECIMENS NOT CLAIMED AFTER 30 DAYS WILL BE DESTROYED.**

Signature of Submitter: \_\_\_\_\_ Date: \_\_\_\_\_

Sample Receiving (Chain of Custody / Official Use Only)				
Name	Date	Time	Initials	Action
Person Submitting Specimen for Delivery ( <i>Print</i> )				
Person Submitting Specimen for Delivery ( <i>Signature</i> )				
Person Making Delivery ( <i>Print</i> )				
Person Making Delivery ( <i>Signature</i> )				
Person Receiving Delivery ( <i>Print</i> )				
Person Receiving Delivery ( <i>Signature</i> )				

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