

## Central Laboratory Submittal Form

last revised Nov 10, 2015

1604B - w/ Pesticide  
Customer: SW-DIST

Project ID: SMP

Requester: Judy Ashton

Field Report Prepared By:

Ashley Salmeron

Collected By:

Ashley Salmeron, Stephen Clingerman

Sampling Agency:

FL DEP

|                                                                         |                                                                                   |                                                                           |                                                          |                                                                                       |                               |                                  |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------|----------------------------------|
| Location<br>RQ-2016-02-29-28<br>Date: 03-03-2016<br>Time:               |  | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date 3/3/16 Time 1040 | Eastern<br>Central                                                                    | Composite end<br>Date Time    | Bottle<br>Group(s)<br>(See pg 2) |
| Field ID                                                                | G1SW0068                                                                          | Matrix (type, e.g., Salt, Fresh, etc)<br>Fresh                            | Diss. Oxygen 8.9<br>96%                                  | <input checked="" type="checkbox"/> mg/L<br><input checked="" type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L) | A,B                              |
| STORET #                                                                |                                                                                   | Temp (C) 18.9<br>pH 7.6                                                   | Sample Depth 0.3                                         | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m                  | Sp. Conductance (umho/cm) 490 |                                  |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms          | Salinity (ppt) 0.24                                                       | Comments                                                 |                                                                                       |                               |                                  |

|                                                                         |                                                                          |                                              |                                                                 |                                                           |                    |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------|--------------------|
| Location                                                                | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab           | Collection (comp begin or grab)<br>Date Time | Eastern<br>Central                                              | Composite end<br>Date Time                                | Bottle<br>Group(s) |
| Field ID                                                                | Matrix (type, e.g., Salt, Fresh, etc)                                    | Diss. Oxygen                                 | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine (mg/L)                                |                    |
| STORET #                                                                | Temp (C)                                                                 | pH                                           | Sample Depth                                                    | <input type="checkbox"/> ft<br><input type="checkbox"/> m |                    |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity (ppt)                               | Comments                                                        |                                                           |                    |

|                                                                         |                                                                          |                                              |                                                                 |                                                           |                    |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------|--------------------|
| Location                                                                | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab           | Collection (comp begin or grab)<br>Date Time | Eastern<br>Central                                              | Composite end<br>Date Time                                | Bottle<br>Group(s) |
| Field ID                                                                | Matrix (type, e.g., Salt, Fresh, etc)                                    | Diss. Oxygen                                 | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine (mg/L)                                |                    |
| STORET #                                                                | Temp (C)                                                                 | pH                                           | Sample Depth                                                    | <input type="checkbox"/> ft<br><input type="checkbox"/> m |                    |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity (ppt)                               | Comments                                                        |                                                           |                    |

|                                                                         |                                                                          |                                              |                                                                 |                                                           |                    |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------|--------------------|
| Location                                                                | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab           | Collection (comp begin or grab)<br>Date Time | Eastern<br>Central                                              | Composite end<br>Date Time                                | Bottle<br>Group(s) |
| Field ID                                                                | Matrix (type, e.g., Salt, Fresh, etc)                                    | Diss. Oxygen                                 | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine (mg/L)                                |                    |
| STORET #                                                                | Temp (C)                                                                 | pH                                           | Sample Depth                                                    | <input type="checkbox"/> ft<br><input type="checkbox"/> m |                    |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity (ppt)                               | Comments                                                        |                                                           |                    |

|                  |           |                 |                                                                                     |                   |                  |           |              |           |
|------------------|-----------|-----------------|-------------------------------------------------------------------------------------|-------------------|------------------|-----------|--------------|-----------|
| Relinquished By: | Date/Time | Shipping Method | Received By:                                                                        | Date/Time         | Relinquished By: | Date/Time | Received By: | Date/Time |
|                  |           |                 |  | 03-04-16<br>09:10 |                  |           |              |           |

|          |              |         |                  |                             |          |                                     |   |
|----------|--------------|---------|------------------|-----------------------------|----------|-------------------------------------|---|
| Group: A | Bottle Type: | P-1L    | # of Bottles: 10 | Preservative:               | ICE      | Enter Number of Bottles Sent to Lab | 1 |
|          | ALKALINITY   |         |                  |                             |          |                                     |   |
|          | TURBIDITY    |         |                  |                             |          |                                     |   |
|          | W-CL-IC      |         |                  |                             |          |                                     |   |
|          | W-COLOR      |         |                  |                             |          |                                     |   |
|          | W-F          |         |                  |                             |          |                                     |   |
|          | W-SO4-IC     |         |                  |                             |          |                                     |   |
|          | W-TDS        |         |                  |                             |          |                                     |   |
|          | W-TSS        |         |                  |                             |          |                                     |   |
| Group: A | Bottle Type: | P-1L    | # of Bottles: 10 | Preservative:               | ICE      | Enter Number of Bottles Sent to Lab | 1 |
|          | BOD-UNIN     |         |                  |                             |          |                                     |   |
| Group: A | Bottle Type: | BP-1L   | # of Bottles: 10 | Preservative:               | ICE      | Enter Number of Bottles Sent to Lab | 1 |
|          | CHLSUITE-W   |         |                  |                             |          |                                     |   |
| Group: A | Bottle Type: | P-500ML | # of Bottles: 10 | Preservative: ICE And H2SO4 |          | Enter Number of Bottles Sent to Lab | 1 |
|          | W-NH3        |         |                  |                             |          |                                     |   |
|          | W-NO2NO3     |         |                  |                             |          |                                     |   |
|          | W-S-A-TP     |         |                  |                             |          |                                     |   |
|          | W-TKN        |         |                  |                             |          |                                     |   |
|          | W-TOC        |         |                  |                             |          |                                     |   |
| Group: A | Bottle Type: | P-125ML | # of Bottles: 10 | Preservative:               | ICE-FLTR | Enter Number of Bottles Sent to Lab | 1 |
|          | W-PO4-F      |         |                  |                             |          |                                     |   |

Group B

|            |           |   |
|------------|-----------|---|
| W-AHERB-AA | BG-1L (1) | 1 |
| W-GLYPH    |           |   |
| W-UHERB-AA |           |   |
| W-PC-AA-SF | BG-1L (4) | 4 |
| W-PSNP-TQ  | BG-1L (4) | 4 |
| W-PYR-AA-R | BG-1L (1) | 1 |

Date of Request: 04-FEB-2016  
 Created By: ASHTON\_J On: 04-FEB-2016  
 Modified By: WATTS\_J On: 08-FEB-2016  
 Customer: SW-DIST  
 Project: SMP  
 Division: Division of Environmental Assessment and Restoration  
 District: Southwest District  
 Sampling Event: 1604B\_w/Pesticide

**Send Coolers To:**

Phone: 813-470-5951  
 FL Dept. of Environmental Protection  
 13051 N. Telecom Parkway  
 Temple Terrace, FL 33637-0926  
 Attn: Matthew Bearden

**Program Module Number:**

Priority: 3  
 Event Status: R  
 Criminal Investigation: NO  
 Chemistry Request Reviewed By: WATTS\_J On: 08-FEB-2016  
 Biology Request Reviewed By: SWANSON\_C On: 05-FEB-2016  
 Sampling Kit Required: YES Ship on: 19-FEB-2016  
 Sampling Kit Shipped: YES On: 18-FEB-2016  
 Sampling Kit Packed By: ARMOUR\_S  
 Preservatives Needed: NO  
 Date to Receive Samples: 03-MAR-2016  
 Received By: SHAIK\_A On: 04-MAR-2016

**Send Final Report To:**

FL Dept. of Environmental Protection  
 13051 N. Telecom Parkway  
 Temple Terrace, FL 33637-0926  
 Attn: Stephen Clingerman

Report Type: Final Only  
 FTP Data: NO  
 QC Report: YES  
 Date Log: NO  
 Authorization Log: NO

**Comments:****Bottle Group A (Water) With 1 Samples:**

|                      |                      |                                                                                                                    |
|----------------------|----------------------|--------------------------------------------------------------------------------------------------------------------|
| Bottle Type: P-1L    | Number of Bottles: 1 | Preserved With: ICE                                                                                                |
| ALKALINITY           | Template: DEFAULT    | (SM 2320 B-97) Alkalinity in aqueous matrices as mg CaCO3/L                                                        |
| TURBIDITY            | Template: DEFAULT    | (EPA 180.1 Rev. 2.0) Turbidity in aqueous matrices                                                                 |
| W-CL-IC              | Template: DEFAULT    | (EPA 300.0 Rev. 2.1) Chloride in aqueous matrices                                                                  |
| W-COLOR              | Template: DEFAULT    | (SM 2120 B) True Color measured at 450 nm                                                                          |
| Color (true)         |                      |                                                                                                                    |
| W-F                  | Template: DEFAULT    | (SM 4500 F-C-97) Fluoride in aqueous matrices, without distillation (not valid for NPDES monitoring)               |
| W-SO4-IC             | Template: DEFAULT    | (EPA 300.0 Rev. 2.1) Sulfate in aqueous matrices                                                                   |
| W-TDS                | Template: DEFAULT    | (SM 2540 C-97) Total Dissolved Solids in aqueous matrices                                                          |
| W-TSS                | Template: DEFAULT    | (SM 2540 D-97) Total Suspended Solids in aqueous matrices                                                          |
| Bottle Type: P-1L    | Number of Bottles: 1 | Preserved With: ICE                                                                                                |
| BOD-UNIN             | Template: DEFAULT    | (SM 5210 B) BOD, NOT nitrogen-inhibited                                                                            |
| Bottle Type: BP-1L   | Number of Bottles: 1 | Preserved With: ICE                                                                                                |
| CHLSUITE-W           | Template: DEFAULT    | (SM 10200 H (mod.)) Phytoplankton chlorophyll-a corrected, uncorrected, phaeophytin and ratio by spectrophotometry |
| Bottle Type: P-500ML | Number of Bottles: 1 | Preserved With: ICE And H2SO4                                                                                      |
| W-NH3                | Template: DEFAULT    | (EPA 350.1 Rev. 2.0) Ammonia in aqueous matrices as mg N/L                                                         |
| W-NO2NO3             | Template: DEFAULT    | (EPA 353.2 Rev. 2.0) Nitrite/Nitrate in aqueous matrices as mg N/L                                                 |
| W-S-A-TP             | Template: DEFAULT    | (EPA 365.1 Rev. 2.0) Total Phosphorus in aqueous matrices as mg P/L                                                |
| W-TKN                | Template: DEFAULT    | (EPA 351.2 Rev. 2.0) Total Kjeldahl Nitrogen in aqueous matrices                                                   |
| W-TOC                | Template: DEFAULT    | (SM 5310 B-00) Nonpurgeable Organic Carbon in aqueous matrices                                                     |
| Bottle Type: P-125ML | Number of Bottles: 1 | Preserved With: ICE-FLTR                                                                                           |
| W-PO4-F              | Template: DEFAULT    | (EPA 365.1 Rev. 2.0) Ortho-phosphate, dissolved, in filtered, aqueous matrices as mg P/L                           |

**Bottle Group B (Water) With 1 Samples:**

|                    |                      |                                                                                        |
|--------------------|----------------------|----------------------------------------------------------------------------------------|
| Bottle Type: BG-1L | Number of Bottles: 1 | Preserved With: ICE                                                                    |
| W-AHERB-AA         | Template:            | (USGS O-2060-01) Chlorinated (phenoxy acid) herbicides in water matrices by HPLC/MS/MS |
| W-GLYPH            | Template: DEFAULT    | (EPA 8321B) Glyphosate in water matrices by HPLC/MS/MS                                 |
| W-UHERB-AA         | Template: DEFAULT    | (USGS O-2060-01) Urea herbicides and other chemicals in water matrices by HPLC/MS/MS   |

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**Bottle Group B (Water) With 1 Samples:**

|                    |                      |                                                                                                                    |
|--------------------|----------------------|--------------------------------------------------------------------------------------------------------------------|
| Bottle Type: BG-1L | Number of Bottles: 4 | Preserved With: ICE                                                                                                |
| W-PC-AA-SF         | Template:            | (DEP SOP: GC-011-5 (based on EPA 608 and 617)) Organochlorine pesticides (low levels) in water matrices by GC/ECD. |
| Bottle Type: BG-1L | Number of Bottles: 4 | Preserved With: ICE                                                                                                |
| W-PSNP-TQ          | Template:            | (EPA 8270D) Organonitrogen and phosphorus pesticides (ultra trace level) in water matrices by GC/MS/MS             |
| Bottle Type: BG-1L | Number of Bottles: 1 | Preserved With: ICE                                                                                                |
| W-PYR-AA-R         | Template: DEFAULT    | (EPA 8321B) Pyraclostrobin in water matrices by HPLC/MS/MS                                                         |

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\* - The laboratory is not NELAP certified for this analyte/method, or certification is not applicable.

# Log-in Checklist

RQ- 2016-02-29-28

Shipping Method: Red Exp

Date/Time of Receipt: 03-04-16/9:10

| Cooler ID | Cooler Temperature* | No. Sample Containers in Cooler | Evidence Tape |    |          |    | Tracking # (fill out only if waybill copy is damaged) |
|-----------|---------------------|---------------------------------|---------------|----|----------|----|-------------------------------------------------------|
|           |                     |                                 | Present?      |    | *Intact? |    |                                                       |
|           |                     |                                 | Yes           | No | Yes      | No |                                                       |
| BLUE      | 2.4C                | 9                               |               | /  |          |    |                                                       |
| Red       | 1.3C                | 6                               |               | /  |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |

\*If the temperature of a cooler is above 6.0 °C (or above 10.0 °C for W-1-4-DIOX), or if Evidence Seal is damaged, identify the containers in the affected cooler(s) on back of this form.

**\*\*Note:** If "No" is checked in any of the fields below, fill out the back of this form with additional details (Field ID, Test IDs, etc.) and generate an NCR.

**\*\*Chain Of Custody/ Field Sheet(s) Included?** Yes ☒ No ☐

## CONTAINER CHECK

**\*\*Evidence Tape on Bottles?** Yes ☐ No ☒ If yes, is it intact? Yes ☐ No ☐

**\*\*Caps on tight?** Yes ☒ No ☐ **\*\*Containers intact?** Yes ☒ No ☐

**\*\*Sufficient Sample Volume:** Yes ☒ No ☐

## CHLORINE CHECK (Blue dot on container)

| Check the Box marked "Yes" or "No" for the Presence of Chlorine. If Cl detected, an NCR is required. |     |    |               |     |    |
|------------------------------------------------------------------------------------------------------|-----|----|---------------|-----|----|
| Analysis                                                                                             | Yes | No | Analysis      | Yes | No |
| W-1,4 DIOX                                                                                           |     |    | W-PC-AA-SF    |     |    |
| W-AHERB-AA (-AHB-AA-R)                                                                               |     |    | W-PCL-SQ (-R) |     |    |
| W-BNA (-625, -R)                                                                                     |     |    | W-PDQUAT      |     |    |
| W-CARB-AA (-CAB-AA-R)                                                                                |     |    | W-PESTNP-R    |     |    |
| W-ENDO-AA                                                                                            |     |    | W-PSCL-TQ     |     |    |
| W-GLYPH                                                                                              |     |    | W-PSNP-TQ     |     |    |
| W-NP-AA-SF                                                                                           |     |    | W-PST-CL-R    |     |    |
| W-PAH (-R)                                                                                           |     |    | W-TR-TQ       |     |    |
| W-PCB-R                                                                                              |     |    |               |     |    |

## PRESERVATION CHECK (EXCLUDING SAMPLES SENT TO OVERFLOW LABS, "OV-")

**\*\*Acid Preserved Samples:** pH ≤ 2.0? Yes ☒ No ☐ NA ☐ Init: ABP

**\*\*W-1-4-DIOX (Green dot on container) preserved to pH < 4.0?** Yes ☐ No ☐ NA ☒ Init: ABP

Coolers Unpacked/Checked by: ABP Date: 3-4-16 NCRs (Y/N)? Y

Event ID: 1604B W/Pesticide NCR #                       
SIJ-DIST-2016-03-04-02 (SMP)

Date Received: 04-MAR-2016 09:10

# Log-in Checklist

## Samples with Incorrect pH Preservation or presence of Chlorine

| Field ID | Bottle Test ID(s) | pH / Cl | Action Taken |
|----------|-------------------|---------|--------------|
|          |                   |         |              |
|          |                   |         |              |
|          |                   |         |              |
|          |                   |         |              |

## Samples in Coolers with Incorrect Preservation or Damaged Evidence Tape

| Cooler ID | Field ID | Bottle Test ID(s) |
|-----------|----------|-------------------|
|           |          |                   |
|           |          |                   |
|           |          |                   |
|           |          |                   |
|           |          |                   |

## Bottles Not Intact

| Field ID | Bottle Test ID(s) | Loose Cap | Damaged Cap |    | Damaged Container |    | Evidence Tape Not Intact |
|----------|-------------------|-----------|-------------|----|-------------------|----|--------------------------|
|          |                   |           | CK          | BR | CK                | BR |                          |
|          |                   |           |             |    |                   |    |                          |
|          |                   |           |             |    |                   |    |                          |
|          |                   |           |             |    |                   |    |                          |

## Samples with Insufficient Volume for Analyses

| Field ID | Bottle Test ID(s) | Action Taken |
|----------|-------------------|--------------|
|          |                   |              |
|          |                   |              |
|          |                   |              |
|          |                   |              |

## ENCORE SAMPLES

S-VOC-MS samples in Encores must be frozen within 48 hours of collection.

Were Encore samples received? Yes\_\_\_\_ No\_\_\_\_

Date and Time Placed in Freezer \_\_\_\_\_

Were all samples placed in freezer within 48 hours of collection? Yes\_\_\_\_ No\_\_\_\_

If no, were samples shipped on dry ice? Yes\_\_\_\_ No\_\_\_\_

### FOR CLEAN LAB USE ONLY – Methyl Mercury Preservation Check:

Samples Preserved within 48 hours? Yes\_\_\_\_ No\_\_\_\_

Date and time samples preserved: \_\_\_\_\_

Additional Comments:

1 **From**

Date 1/13/15

Sender's Name FDCP Phone 813 470-5770

Company

Address 13051 N. Telecom Pkwy Dept./Floor/Suite/Room

City Temple Terrace State FL ZIP 33637

2 **Your Internal Billing Reference**

3 **To**

Recipient's Name SAMPLE RECEIVING Phone 850 245-8085

Company FLORIDA DEP/CHEMISTRY SECTION

Address 2600 BLAIRSTONE RD Dept./Floor/Suite/Room

City TALLAHASSEE State FL ZIP 32399

4 **Express Package Service** \* To most locations.

**Next Business Day**

☐ FedEx First Overnight  
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.

☒ FedEx Priority Overnight  
Next business morning. \* Friday shipments will be delivered on Monday unless Saturday Delivery is selected.

☐ FedEx Standard Overnight  
Next business afternoon. \* Saturday Delivery NOT available.

**2 or 3 Business Days**

☐ FedEx 2Day A.M.  
Second business morning. \* Saturday Delivery NOT available.

☐ FedEx 2Day  
Second business afternoon. \* Thursday shipments will be delivered on Monday unless Saturday Delivery is selected.

☐ FedEx Express Saver  
Third business day. \* Saturday Delivery NOT available.

5 **Packaging** \* Declared value limit \$500.

☐ FedEx Envelope\* ☐ FedEx Pak\* ☐ FedEx Box ☐ FedEx Tube ☒ Other

6 **Special Handling and Delivery Signature Options** Fees may apply. See the FedEx Service Guide.

☐ Saturday Delivery  
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

☐ No Signature Required  
Package may be left without obtaining a signature for delivery.

☐ Direct Signature  
Someone at recipient's address may sign for delivery.

☐ Indirect Signature  
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only.

Does this shipment contain dangerous goods?

One box must be checked.

☐ No ☐ Yes As per attached Shipper's Declaration. ☐ Yes Shipper's Declaration not required.

☐ Dry Ice  
Dry Ice, 9 UN 1845 \_\_\_\_\_ kg

☐ Cargo Aircraft Only

Restrictions apply for dangerous goods — see the current FedEx Service Guide.

7 **Payment Bill to:**

Enter FedEx Acct. No. or Credit Card No. below.

☐ Sender Acct. No. in Section I will be billed. ☒ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check

Total Packages 1 Total Weight 50 lbs.

Credit Card Auth. 611

\*Our liability is limited to US\$100 unless you declare a higher value. See the current FedEx Service Guide for details.

1 **From**

Date 1/13/15

Sender's Name FDCP Phone 813 470-5770

Company

Address 13051 N. Telecom Pkwy Dept./Floor/Suite/Room

City Temple Terrace State FL ZIP 33637

2 **Your Internal Billing Reference**

3 **To**

Recipient's Name SAMPLE RECEIVING Phone 850 245-8085

Company FLORIDA DEP/CHEMISTRY SECTION

Address 2600 BLAIRSTONE RD Dept./Floor/Suite/Room

City TALLAHASSEE State FL ZIP 32399

4 **Express Package Service** \* To most locations.

**Next Business Day**

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Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.

☒ FedEx Priority Overnight  
Next business morning. \* Friday shipments will be delivered on Monday unless Saturday Delivery is selected.

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Second business morning. \* Saturday Delivery NOT available.

☐ FedEx 2Day  
Second business afternoon. \* Thursday shipments will be delivered on Monday unless Saturday Delivery is selected.

☐ FedEx Express Saver  
Third business day. \* Saturday Delivery NOT available.

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Package may be left without obtaining a signature for delivery.

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☐ Indirect Signature  
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only.

Does this shipment contain dangerous goods?

One box must be checked.

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☐ Dry Ice  
Dry Ice, 9 UN 1845 \_\_\_\_\_ kg

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Enter FedEx Acct. No. or Credit Card No. below.

☐ Sender Acct. No. in Section I will be billed. ☒ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check

Total Packages 1 Total Weight 50 lbs.

Credit Card Auth. 611

\*Our liability is limited to US\$100 unless you declare a higher value. See the current FedEx Service Guide for details.