

FedEx Shipping Label Request Form

Please submit completed form at least 24 hours in advance to: pharmpur@uci.edu. Forms submitted after business hours will be reviewed the following day.



Ship From:

Name:

Phone:

Street Address:

City, State, Zip Code

Ship To:

Name:

Phone:

Street Address:

City, State, Zip Code

Package Information:

Contents:

Weight:

Declared Value:

Package Type:

Package Dimensions (for box only):

Shipping Speed:

Does package
contain dry ice: Yes
 No

Requires
signature? Yes
 No

Billing:

Account Number:

Please note the main office only has FedEx envelopes and boxes (labs need to supply large boxes & packing materials). To ensure no delays in delivery of your goods, please package your items according to FedEx guidelines. If there is dry ice in your shipments, please follow these instructions: [Dry Ice Aid](#)