

 **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 country representative will arrange pick up 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 pls cross one box only**

**Sent by email Sent by fax: Please (cross the box(es) you chose)**

**TO: EYE OPS**  eye.ops@who.int , WHE/ EYE Secretariat

CC Jimmy Odongo Odongoj@who.int, Maurice DEMANOU demanoum@who.int and Laurence Cibrelus cibrelusl@who.int

**Laboratory contact person for the pick up**  :

**Mobile phone** :

**Email**  :

**Laboratory to collect the samples:** **Laboratory to deliver the samples**

Laboratory Name: **WHO Yellow Fever Collaborating Centres.**

Address:

Address:  Institute Pasteur Senegal- Dakar

City:

Zip Code:  Institute Pasteur - Cameroun

Country:

Contact:  UVRI Entebbe -Uganda

Mobile phone:  Other, pls provide the full address

 Address:

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 cross the box(es) below and the specify the type of temperature control required**

 INFECTIOUS SUBSTANCES AFFECTING HUMANS’ CATEGORY A - UN 2814

 Ambient / Refrigerated (Gel packs +2/+8°C) Frozen (-20°C) Dry Ice (-80°C)

NUMBER OF VIALS AND ML:

 BIOLOGICAL SUBSTANCES CATEGORY B - UN3373

 Ambient / Refrigerated (Gel packs +2/+8°C) Frozen (-20°C) Dry Ice (-80°C)

NUMBER OF VIALS AND ML:

 OTHER

 Ambient / Refrigerated (Gel packs +2/+8°C) Frozen (-20°C) Dry Ice (-80°C)

NUMBER OF VIALS AND ML:

Number of inner packaging and size (if available):

 Other information: Import Permit / Export permit /detailed packing list

**Date, Name and Signature of requestor**