From:

Person Responsible Name:_____

Phone:_____

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY LABEL
FIRST-CLASS MAIL PERMIT NO. 3230 BOSTON MA

POSTAGE WILL BE PAID BY ADDRESSEE

ATTN: VIRUS ISOLATION LABORATORY
MASS DEPARTMENT OF PUBLIC HEALTH
STATE LABORATORY INSTITUTE
305 SOUTH STREET
BOSTON MA 02130-9808

BIOLOGICAL SUBSTANCES, CATEGORY B

UN 3373

_____
KIT EXPIRATION DATE

RESPIRATORY VIRUS KIT.
KEEP FROZEN UNTIL USE.
DO NOT REFREEZE. AFTER USE, REFRIGERATE ONLY.

CIRCLE IF RETURNING EXPIRED KIT:
SEND TO KIT ROOM AT STATE LABORATORY

ML-VI-1-06

CUT SHIPPING LABEL ALONG DOTTED LINE.
WRAP LABEL AROUND OUTSIDE OF SPECIMEN SHIPPING CONTAINER. SECURE LABEL TO CONTAINER WITH TAPE.