



Shipping Solution Request Form

To your best ability, please fill out all the requested data below so that DiNovo can quickly develop a shipping solution and provide pricing on the pack out components. Please feel free to contact our office for any additional questions.

Date:		Company Name:						
Name of Project:		Delivery Location:						
Allowable Temperature Limits:		Lower Limit (celcius):		Upper Limit (celcius):				
Allowable Excursions:		Low Temp. (celcius):	High Temp. (celcius):	Quantity:	Exposure Time:			
Transit Duration:		24/hrs	36/hrs	48/hrs	60/hrs	72/hrs	**requested time does not guarantee feasibility.	
Drug Container and Material:		Drug Volume:		Min. (ml)	Max. (ml)			
Min. Payload space (inches):		(width) X	(depth) X	(height)	Is an ISTA Certified Lab Qualification Report Required?			
Max. Payload space (inches):		(width) X	(depth) X	(height)	<small>*ISTA 7e summer/winter profile utilized unless noted otherwise.</small>			
Carton requested to protect manufacturer's packaging:				Can payload be turned on its side:				
Shipping Container Material:				Curbside Recyclable	EPS Foam	Most efficient/cost effective solution		
Refrigerant style:				Tradional Gel Pack	Foam Brick	Non-Sweat Gel Pack	Phase Change Material	
Need refrigerant delivered frozen/refrigerated (pallet quantities only)?				Lift Gate Required?				
Preferred void fill/protection material:				kraft paper	bubble wrap	air pillows	no preference	
Box Style (check all that apply):				Brown	White	Printed	if yes, how many colors?	Strength:

Additional information:

Contact Name:	Contact Number:
Contact Email:	