SHIPPER'S	DECLARATION FO	OR DANG	EROUS GO	OODS			(Provide at I	east two copies to the	airline.)		
Shipper	Institución Dirección					А	ir Waybill No.				
	Laboratorio					P	Page 1 of 1 Pages				
TE/CEL							B. (
	Dr/a					S	Shipper's Reference Number				
Consignee	INEI-ANLIS "Carlos G Malbran"										
Velez Sarsfield 563 - CABA CP 1281 (011) 4303-2:382/2817 Dra. I Viviana Molina/ Valeria Martínez											
Two completed and signed copies of this Declaration must be handed to the operator						1	WARNING				
	•					Fa	ailure to comply i	n all respects wit	h the appl	icable	
TRANSPORT DETAILS						_ D	Dangerous Goods Regulations may be in breach of the applicable law, subject to legal penalties. This Declaration must not, in any circumstances, be completed				
This shipment is within the Airport of Departure: limitations prescribed for:											
(delete non appli	non applicable) Aer0puerto ENGER XXXXXXXXXX						consolidator, a f				
	XXXXXXXXXX						argo agent.	•			
AIRCRAFT	XXXXXXXXX										
Airport of Destination: TLC							nipment type: (delete ni	o-applicable)			
,											
NATURE A	ND QUANTITY				S		 I		 i	, I	
Dangerous Goods Identification Proper Shipping Name Class or UN or Packing S				Cubai	bsi- Quantity and Type of packing Packing Authoriz			Austhauisatian			
Proper Sni	pping Name		Division	UN or ID No.	Group	diary Risk	Quantity and	туре от раскіпд	Inst.	Authorization	
Sustancia ir	nfecciosa que		6.2	UN				ton, conteniendo	1	1 	
afecta a los humanos				2814		į	una caja de poli	estileno			
				į			expandido Contenido TOT	۸۱ – ۷۷ ml	İ	! ! !	
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Additional Han	dling Information		<u> </u>	<u> </u>	<u> </u>	<u> </u>	-		!	! _	
	CASO DE DAÑO	INFOR	MAR INME	DIATAME	NTE A	LA DR	A. MAR XXXX T	E XXXXX CEL XXXX			
								In many con-			
I hereby declare that the contents of this consignment are fully ar							ccurately	Name/Title of Signatory			
described above by the proper shipping name and are classified, and labelled/placarded, and are in all respects in proper condition according to the applicable international and national government						ed, pad	kaged, marked	DR/A.XXXX. Mat.	Nº XXX		
								Place and Date			
according to	, the applicable i	iii Giiiali	onai anu i	national y	over IIII	iiciital	egulations.	XXXX- Fecha			
								Signature			