

Commodity: Biological Substance Category B (if Specimens)
Blood if blood, surgical equipment, supplies – etc.

Requested Flight: 1st Available
Destination: MFR

Customer Number: 5815

Shipper Name: Providence Hospital
Shipper Address: 4400 NE Halsey Bldg 3
Shipper City: Portland
Shipper State: OR
Shipper Zip/Postal Code: 97213
Shipper Country: US

Consignee Name: Providence Hospital
Consignee Address: 1111 Crater Lake Ave
Consignee City: Medford
Consignee State: OR
Consignee Zip/Postal Code: 97504
Consignee Country: US
Consignee Phone: 503-215-6301

Dangerous Goods?: Yes if Dry Ice
UN/ID Number: UN3373 if spec – NA if blood

DRIVER:

After Tender please call the 8 digit – AWB to 541-665-3274 x 1

Then please also send us the AWB through our system. If there is an OnTime then close it out with the AWB in the delivery field. If not then you can either email to dispatch@dashdelivery.net or text it to: 541-414-4168