

# DONATED HUMAN TISSUE FOR TRANSPLANT

**KEEP UPRIGHT**

**KEEP COOL**  
**HANDLE WITH CARE**

**TISSUE ON WET ICE**

**\_\_\_\_\_ LBS of Wet Ice Enclosed**

**Time-Date Packaged: \_\_\_\_\_**

**KEEP UPRIGHT**

**THIS BOX HAS BEEN VALIDATED TO MAINTAIN TEMPERATURE AT OR  
BELOW 10°C FOR 72 HOURS**

**TISSUE MUST REMAIN AT OR BELOW 10°C DURING TRANSPORT  
FREEZE TISSUE AT -40°C OR COLDER UPON RECEIPT**

**RECOVERY FACILITY**  
**(Name/Address/Phone)**

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**DELIVER TO**  
**(Source Establishment)**

**Mount Sinai Hospital  
Mount Sinai Allograft  
Technologies  
600 University Avenue  
Room 138.05  
Tel: 416-586-4800 ext. 7929  
Fax: 416-586-4458**