

TGLN # _____

DONATED HUMAN TISSUE FOR TRANSPLANT

DO NOT X-RAY

KEEP COOL HANDLE WITH CARE

____ LBS OF WET ICE ENCLOSED

Date and Time Packaged: _____

**THIS BOX HAS BEEN VALIDATED TO MAINTAIN TEMPERATURE
BETWEEN 2 TO 8°C FOR 39 HOURS FROM DATE AND TIME PACKAGED**

TISSUE MUST REMAIN AT OR BELOW 8°C DURING TRANSPORT

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

**DELIVER TO
(Source Establishment)
Eye Bank of Canada
340 College Street Suite B100,
Toronto, Ontario M5T 3A9
Tel: (416) 978-7355; Fax: 1-416-
978-1522**

KEEP UPRIGHT

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EXEMPT HUMAN SPECIMENS

July 28, 2021