

**FOR SHIPMENTS WITHIN U.S. ONLY**

001 (09/06) EC

<b>1</b> Sender Account Number 789164885		Preprint Format No. 142220191	
FROM (Company) IHS/EMSI BRANCH 538			
Street Address 46540 FREMONT BLVD			
City FREMONT		State CA	
Sent by (Name/Dept) FREMONT		ZIP CODE (Required) 94538	
		Phone (Required) 510-490-6211	
<b>2</b> TO (Company) PLEASE PRINT NEATLY LAB ONE Street <del>46540</del> <b>REBOUND COLLECT SPMTS**</b> 10101 RENNER BLVD City LEXEXA Attention: (Name/Dept)			
		State KS	
		ZIP CODE (Required) 66200	
Description LEXEXA		Phone (Required)	
Sender's Signature	Date	DHL Signature	Date
<b>3</b> Payment Sender will be billed unless marked otherwise Bill to:			
Receiver 3rd Party <input checked="" type="checkbox"/>		Origin NUQ	
Paid in Advance <input type="checkbox"/>		Waybill Number 73184673940	
Billing Reference (will appear on invoice)		Amount 37813870	
<b>5</b> # of Pages <b>6</b> Weight (LBS) <b>7</b> Packaging (one box must be checked) SUBJECT TO COMBINATION Requirements Envelope <input type="checkbox"/> Express <input type="checkbox"/> <input checked="" type="checkbox"/> Other <input type="checkbox"/>			
<b>Special Instructions</b> Saturday Delivery <input type="checkbox"/> Hold at DHL Extra charge Not available for all services and locations.			
Lab Pack Service <input checked="" type="checkbox"/> Shipment Valuation			
Shipment Value <input type="checkbox"/> \$		.00	
Payment Details (Credit Card)			
No. _____		Expires _____	
Type _____		Auth _____	

SENDER'S COPY

**4** Service Type

One box must be checked. Assume noon unless noted. Extra charge

- Next Day 10:30
- Next Day 12:00
- Next Day 3:00

\*Service may vary by destination. visit [www.dhl-usa.com](http://www.dhl-usa.com)

ABSENT A HIGHER SHIPMENT VALUATION, THE LIABILITY IS LIMITED TO \$100 PER SHIPMENT OR ACTUAL VALUE, WHICHEVER IS LESS. SPECIAL OR CONSENSUAL TARIFFS, FEES AND CONDITIONS ON REVERSE SIDE OF THIS NON-NEGOTIABLE WAYBILL.

