

PHARMA BOOKING REQUEST

Main information:

AWB number:**Origin Airport:****Destination Airport****24h Emergency phone number:**

Description:

Number of pieces:**Total weight (kg):****Dimensions (length/width/height/cm):****Dangerous Goods (DG):**
YES* / NO**Data loggers:**
YES / NO**Type of batteries:****Description of goods:**

Time frame:

Ready to go (date)**Deadline (date):**

Temperature:

Type of service and declared temperature range (°C):**+2°C to +8°C****+15°C to +25°C****Frozen****Passive****Active****Hybrid**

Additional information:

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