

LOAN
PERIOD _____

PACKING AND SHIPPING

Packing provided by _____

If Applicable, Borrower's Shipping/Receiving Address:

Outgoing Carrier:

Return Carrier:

Date:

Date:

FOR AACo LAB USE ONLY

DATE RETURNED _____ COUNTY REP _____
DATE RECEIVED _____ RECEIVED BY _____

- ACCESSION ENTERED [ACCESSION NO. _____]
- CURATION AGREEMENT

BOX CONTROL NOS.: