

## TREATMENT PERCEPTIONS SURVEY

### Paper Surveys Shipment Form – For TPS County Coordinator Use ***Only!***

Please email this completed form to Marylou Gilbert ([MarylouGilbert@mednet.ucla.edu](mailto:MarylouGilbert@mednet.ucla.edu)).

#### TPS County/regional model coordinator or Sender:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency/Department: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

**Number of boxes/envelopes/padded paks you will ship**, including the size (small, medium, or large) and **approximate weight** of each box/envelope:

- Small box; how many \_\_\_\_\_ approximate weight of each \_\_\_\_\_.
- Medium box; how many \_\_\_\_\_ approximate weight of each \_\_\_\_\_.
- Large box; how many \_\_\_\_\_ approximate weight of each \_\_\_\_\_.
- Small envelope; how many \_\_\_\_\_ approximate weight of each \_\_\_\_\_.
- Med envelope; how many \_\_\_\_\_ approximate weight of each \_\_\_\_\_.
- Large envelope; how many \_\_\_\_\_ approximate weight of each \_\_\_\_\_.
- Small pak; how many \_\_\_\_\_ approximate weight of each \_\_\_\_\_.
- Med pak; how many \_\_\_\_\_ approximate weight of each \_\_\_\_\_.
- Large pak; how many \_\_\_\_\_ approximate weight of each \_\_\_\_\_.
- We will use our own packaging; how many \_\_\_\_\_ approximate weight of each \_\_\_\_\_.

Additional shipping info: \_\_\_\_\_

#### FedEx Pick up or Drop off - Please indicate your preference:

We will be scheduling a FedEx pick up on this date: \_\_\_\_\_  
**TO SCHEDULE A PICK UP PLEASE CALL/ARRANGE WITH FED EX DIRECTLY  
AT: 800-463-3339**

We will drop off the box(es)/package(s) at a FedEx facility/drop off on this date:  
\_\_\_\_\_