**TREATMENT PERCEPTIONS SURVEY (TPS)**

**Shipment Form – For County Administrator Use Only**

Please email this completed form to Cheryl Teruya (cteruya@mednet.ucla.edu). Once UCLA receives your information, we will prepare and send United Parcel Service (UPS) shipping labels and instructions to the contact person indicated below. UCLA can also order shipping supplies and have them delivered to the county.

**County contact person:**

Name: Title:

Agency/Department:

Address:

Phone number: Email:

**Number of boxes/envelopes to be shipped**, including the size (small, medium, or large) and approximate weight of each box/envelope:

**UPS Pick up or Drop off**

Please indicate your preference:

[ ]  We would like to schedule a UPS pick up on this date: . Please specify if there is a preferred time frame for pick up (e.g., 1-5 pm): .

[ ]  Check if the name and address is different from the **county contact** above. Provide the new information below:

Name: Title:

Agency/Department:

Address:

Phone number: Email:

[ ]  We will drop off the box(es)/package(s) at a UPS facility on this date: