



Integrity – Quality – Professional – Teamwork – Safety



[Home](#) | [Place an Order](#) | [Your Account](#) | [About us](#) | [Help](#)

Who we are  
Personalize  
service  
FAQs  
Contact us

User Name:   
Password:  **GO!**

[New User? Create Account](#)

[Why Create Account?](#)

[Lost your Password?](#)

Tracking No:  **GO!**



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## Shipping

- Shipping
- Tracking
- Edit preferences
- Bar code entry
- Batch Entry
- Reports
- Edit address book
- Available services

Required fields are in bold

Order  Round Trip  Quote

### Order Form

Account:

Name:

Phone:

Email:

Switch Pickup and Delivery (Flip)

<b>Pickup (Stop1) Address</b>		<b>Destination</b>	
Name	<input type="text" value="ASHLAND HEALTH SER"/>	Name	<input type="text" value="NBS - WSLH"/>
Address	<input type="text" value="1319 BEASER AVE"/>	Address	<input type="text" value="485 Henry Mall"/>
Room	<input type="text"/>	Room	<input type="text"/>
City	<input type="text" value="Ashland"/>	City	<input type="text" value="Madison"/>
State	<input type="text" value="WI"/>	State	<input type="text" value="WI"/>
Country	<input type="text" value="USA"/>	Country	<input type="text" value="USA"/>
Zip	<input type="text" value="54806"/>	Zip	<input type="text" value="54706"/>
Contact	<input type="text"/>	Contact	<input type="text"/>
Phone	<input type="text" value="7156823468"/>	Phone	<input type="text"/>
Email	<input type="text" value="tkurtz@nshorehc.com"/>	Email	<input type="text"/>
ShipTo Code:	<input type="text"/>	ShipTo Code:	<input type="text"/>
<input type="checkbox"/> Residence		<input type="checkbox"/> Residence	
<input type="checkbox"/> Add to Address Book		<input type="checkbox"/> Add to Address Book	
<input type="checkbox"/> Add to My Address Book Only		<input type="checkbox"/> Add to My Address Book Only	

Notes:

**Service Items**

Pieces	<input type="text" value="1"/>	Ttl Weight	<input type="text" value="1"/> ?
Ready Time	<input type="text" value="Now"/>	Ready Date	<input type="text" value="Today"/>
COD	<input type="text"/>	DCL Value	<input type="text"/> ?
Vehicle	<input type="text" value="Car"/>	Description	<input type="text"/>

**Service Summary**

Service:

Pkge Type:

Ready Time:  Ready Date:

Due Time:  Due Date:

Amount:

**Order References**

Reference	<input type="text"/>	B/L(Alias)	<input type="text"/>
Other	<input type="text"/>	Invoice	<input type="text"/>

**Billing Information**

Payment Options

**Email Notification**

Send E-Mail To:	When shipment is:
<input type="text"/>	<input type="text" value="Delivered"/>
<input type="text"/>	<input type="text" value="Delivered"/>
<input type="text"/>	<input type="text" value="Delivered"/>

Order  Round Trip  Quote



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## **Shipping**

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\*\*\*Thank you, your Order# is 146\*\*\*

**Print:** [This Order](#) | [BOL](#) |

**Labels:** [Default](#) | [Small](#) | [4x6](#) | [Receipt](#) |

**Ship Another From:** [This Location](#) | [Default Location](#) | [Another Location](#) | [R/T](#)



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## Tracking

### Quick Track

Tracking No:

### Power Track

Account:

From Date:  /  /

To Date:  /  /

Client Code:

Reference No:

Order Alias:

Requestor:

Name:

Address:

Piece:

Subtotals(Reference):

Order By:

Layout:

Auto Update:

Job Status:

Service:

### Inbound Track

Account Name:

Supplier's Account ID:

From Date:  /  /

To Date:  /  /

Order By:

SHIP DATE: 3/1/2022  
**FROM:** ASHLAND HEALTH SERVICES  
1319 BEASER AVE  
Ashland, WI 54806 USA

Madison Hub

**54806**

**TO:** NBS - WSLH  
465 Henry Mall  
Madison, WI 54706 USA

**54706**

WEIGHT 1  
PIECES 1  
DELIVER BY:  
SERVICE: **Contract**  
ORDER  
NUMBER: 146

DESCRIPTION:

DELIVERED BY:  
Madison Hub

7158399989



**146**

## Tracking

Print: [This Order](#) | [BOL](#) |

Labels: [Default](#) | [Small](#) | [4x6](#) | [Receipt](#) |

### Tracking Details

Ordered	Ready	Dispatched	Picked Up	Due By
3/1/2022 1:46PM CST	3/1/2022 1:46PM CST			3/1/2022 11:59PM

### Order Information

Tracking Number **146**  
Name Palmer Huff  
Phone 507-456-3894  
Account Name NBS - WSLH

#### Pickup

Name ASHLAND HEALTH SERVICES  
Address 1 1319 BEASER AVE  
Address 2  
City Ashland  
State WI  
Zip 54806  
Country USA  
Contact  
Phone 7156823468

#### Delivery

Name NBS - WSLH  
Address 1 465 Henry Mall  
Address 2  
City Madison  
State WI  
Zip 54706  
Country USA  
Contact  
Phone

Ready 3/1/2022 1:46PM CST

Delivery Time

#### Signed By

Service Contract  
Weight 1 lb.  
Pieces 1

Desc

Route

Reference

B/L

Declared Value  
Amount



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CLIENT LOCATION Your Facility Name

DATE Today's Date mm/dd/yyyy

# OF CARDS ENCLOSED:

XX



**WSLH - Newborn Screening**

**465 Henry Mall**

**Madison, WI 53706**

**FOR COURIER ONLY** – Condition of envelope at pickup (circle all that apply):

Good

Wet/wet stains

Food/grease stains

Other (describe) \_\_\_\_\_



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SHIP DATE: 3/30/2022

Madison  
Hub

FROM: Purple Mountain Solutions  
11786 15th Ave  
Chippewa  
Falls, WI 54729 USA

EAU

TO: WSLH - NBS Henry Mall  
465 Henry Mall  
Madison, WI 53706 USA

MSN

WEIGHT 1  
PIECES 1  
Reference Submitter #  
DELIVER BY:

DELIVERED  
BY:  
Madison Hub

SERVICE: Contract  
ORDER NUMBER: 627

7158399989



627