
ROUTE • CUSTODY • COMPLIANCE

MEDICAL COURIER GUIDE

Test the route first.

Protect every handoff.

Price for distance and density.

TEST | ROUTE | DOCUMENT | CONTROL

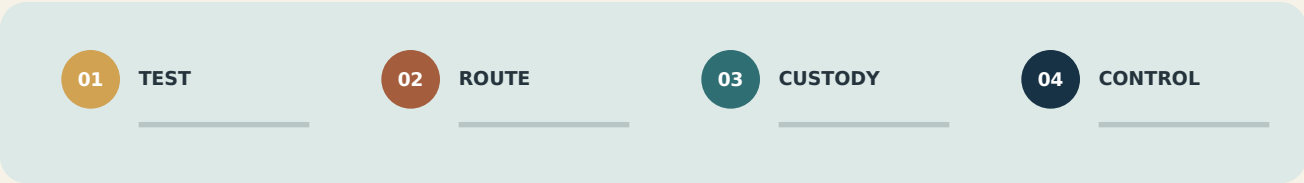
Veteran's Strategic Solutions LLC



START HERE

How to Use This Guide

Read the core guide first. Then use the worksheets to validate buyer demand and vendor requirements, budget training, insurance, vehicle, containers, PPE, and credentialing, price routes for distance and density, document service and chain of custody, invoice completed work, track contracted route-days, and control hazmat, bloodborne-pathogen, privacy, packaging, temperature, vehicle, insurance, and incident risks.

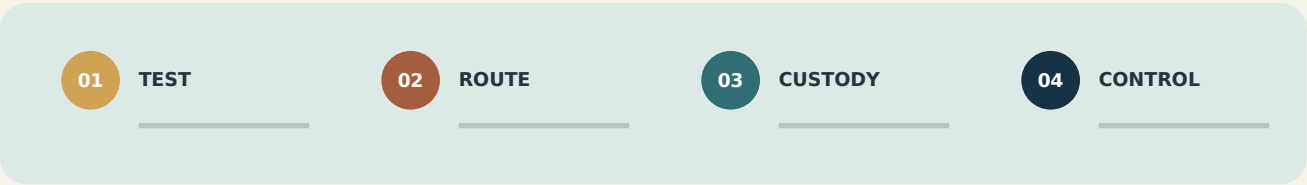


CHAIN OF CUSTODY | Use sealed containers, documented handoffs, and client-approved procedures on every route.

PIECE	USE
Core guide	Test one local clinic route and obtain actual vendor requirements before buying insurance or credentialing against a guess.
Operating kit	Use the startup, budget, estimate, service agreement, invoice, route tracker, and compliance pages for every account and route.

CORE GUIDE 01

1. The bet



The core assumption that must be true. A local hospital, clinic, laboratory, pharmacy, or health system moves specimens, supplies, records, or medications every working day — and at least some of that movement is handled badly, handled by staff who should be doing something else, or handled by an out-of-area operator that cannot match a truly local response.

Why this business and not general courier. A nearby operator may be minutes from an anchor customer and able to reach an early pickup before an out-of-area operator. That geographic advantage is real only when the route, response time, service reliability, and buyer requirement are documented.

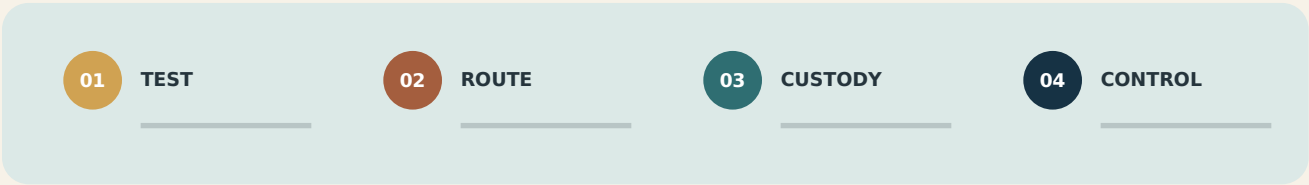
The fastest zero-budget test. Call the supply-chain or laboratory operations office for the largest nearby health system, not a clinic front desk. Ask two questions: do you currently run your own courier routes, and can you send the vendor requirements packet? If the system runs the route in-house, the anchor may be gone and the business is smaller. The packet will specify accepted insurance limits, credentialing, and training — which is exactly what should be bought, and nothing else.

Three ways this fails before a dollar is spent.

BUSINESS LENS	CONTROL
Anchor	Confirm whether the health system outsources routes and obtain its vendor packet.
Density	Price route miles, drive time, stops, windows, and recurring volume together.
Custody	No pickup begins without approved packaging, handoff, incident, and privacy procedures.

CORE GUIDE 01

1. The bet Continued



The anchor is already covered. Large health systems usually run internal courier routes between their own campuses. If the nearest system does, the business is left selling to clinics and small labs, which can be real but smaller.

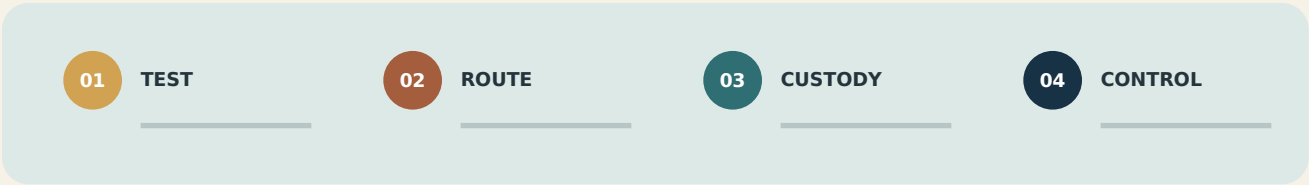
Distance eats the margin. A long out-of-town route can consume the entire fee through vehicle cost and drive time. Per-run pricing that works locally may lose money on a regional leg.

Credentialing takes longer than expected. Hospital vendor onboarding — background check, drug screen, motor vehicle record, insurance certificate, third-party credentialing — routinely runs sixty to ninety days. That is dead time with costs already incurred.

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CORE GUIDE 02

2. Who pays, in their own words



Buyer one — the hospital and its system. The anchor. Highest volume, slowest to onboard.

“Our lab tech is driving specimens to the regional laboratory when the route is missed.”

Buyer two — independent clinics, urgent care, dialysis centers, and public-health offices. Smaller volumes, far faster to sign, and they can often be reached by phone.

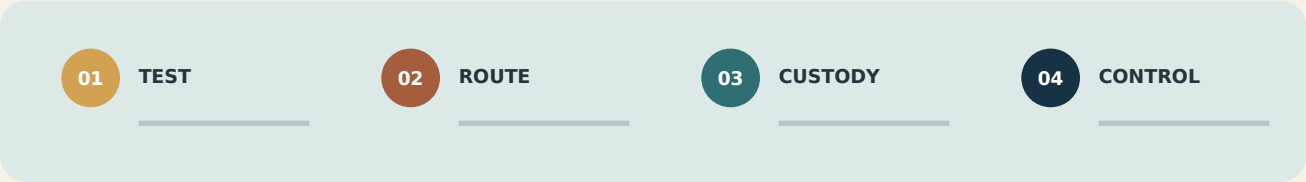
“We use whatever we can get, and half the time it’s whoever’s free that afternoon.”



TEMPERATURE CONTROL | Follow the client protocol and record required readings without exposing patient data.

2. Who pays, in their own words

Continued



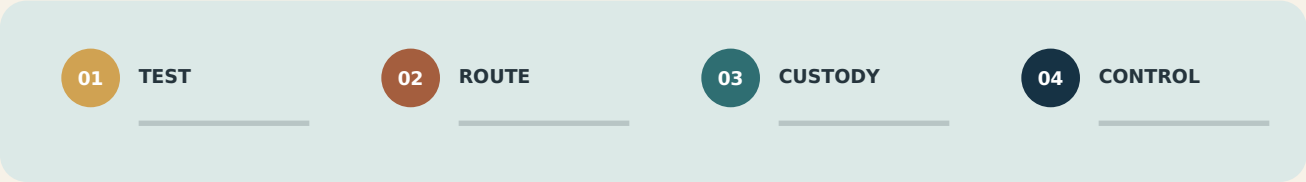
Buyer three — pharmacies and reference labs. National reference-lab draw sites, independent labs, and retail pharmacy delivery are major sources of courier contracts.

“If it doesn’t get there before the cutoff, the sample is worthless and we redraw.”

BUSINESS LENS	CONTROL
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CORE GUIDE 03

3. The smallest version he can charge for

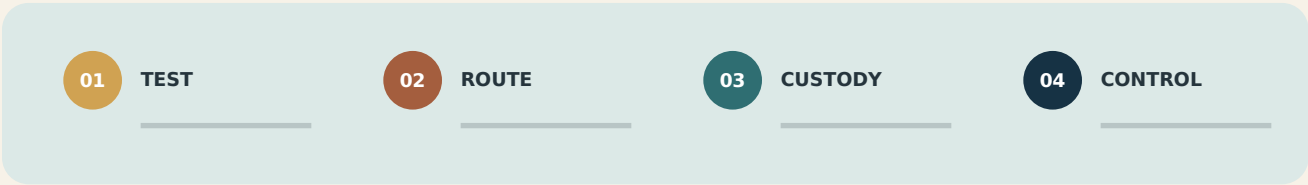


One local route, one clinic, in a fuel-efficient service vehicle. Not the hospital. Call independent clinics first, offer a trial week at a flat weekly rate, and run it.

Clinics pay less than the hospital but can say yes in a week, where the hospital takes three months — and a signed clinic contract turns the hospital conversation from a cold call into a reference. Everything needed for that first route is a training certificate, insurance, a cooler and a phone.

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4. What it actually takes



Costs are marked as verified or estimated. Replace any already-owned assumptions with actual business costs before launch.

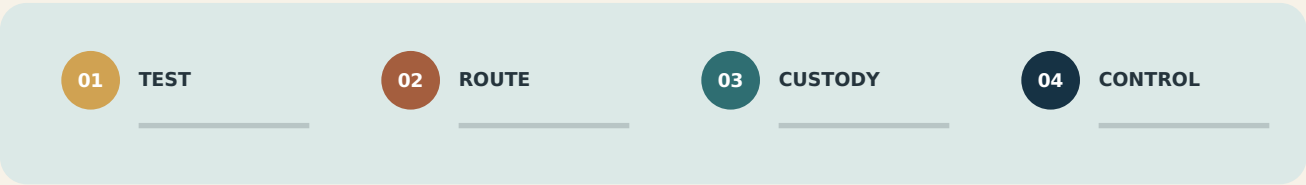
Training and compliance

Why the hazmat training is not optional. Most routine diagnostic specimens are UN3373, Biological Substance Category B — a regulated hazardous material. Anyone who handles, loads or transports them is a hazmat employee under federal law. Dry ice, if he ever carries frozen samples, is a second and separate trigger.

Check licensing, zoning, and tax rules for your own city and state before starting.

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4. What it actually takes Continued



Insurance — the real cost, and the real gate

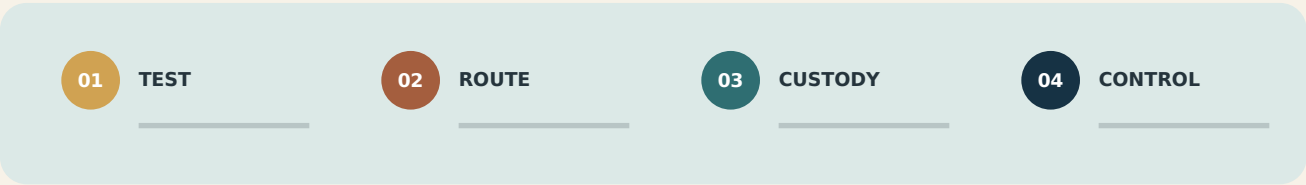
Commercial auto coverage must expressly include courier and delivery-for-hire use. Confirm the actual operation, vehicle, drivers, cargo, radius, and client requirements in writing before the first pickup [VERIFY].

Equipment and vehicle

Realistic first-year startup, excluding insurance: roughly \$800 to \$1,500. Insurance is the variable that decides whether this is a cheap line or an expensive one, and it cannot be estimated honestly without a quote.

BUSINESS LENS	CONTROL
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4. What it actually takes Continued



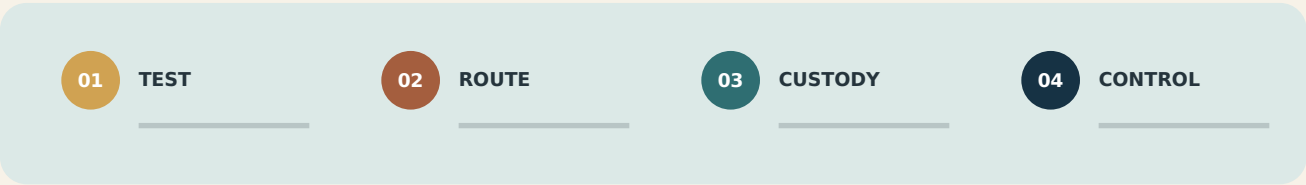
Why a fuel-efficient service vehicle matters

A fuel-efficient compact vehicle can materially reduce fuel, depreciation, tire, brake, maintenance, and replacement cost compared with a larger truck used for identical courier work. Calculate the actual cost per mile for the proposed vehicle and route before quoting service.

BUSINESS LENS	CONTROL
Anchor	Confirm whether the health system outsources routes and obtain its vendor packet.
Density	Price route miles, drive time, stops, windows, and recurring volume together.
Custody	No pickup begins without approved packaging, handoff, incident, and privacy procedures.

CORE GUIDE 05

5. Pricing



Industry sources put 2026 direct-contract rates at \$28 to \$45 per run for standard specimen routes, \$45 to \$80 for stat and urgent, and \$150 to \$250 per day for a full daily route. Those are national figures from courier-industry publishers rather than audited data. The rates below are proposals to be tested, not established prices.

Price any long regional leg as a route, never as an ordinary local run. Model true vehicle cost and paid drive time before quoting. Either use a day rate that carries multiple stops or quote the regional route separately.

Where the money actually is: density. Several stops in a compact service area can produce far more contribution margin than the same revenue spread across a long corridor. Build the densest local route first.

Terms. Monthly invoicing on contracted routes, net 30. Per-run and stat work billed on completion. A written service agreement on every account, no handshake routes.

BUSINESS LENS	CONTROL
Anchor	Confirm whether the health system outsources routes and obtain its vendor packet.
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6. First 90 days and the one metric

01 TEST

02 ROUTE

03 CUSTODY

04 CONTROL

Days 1-30 — calls, not purchases. Call the largest nearby health system's supply-chain or laboratory operations office for its current routing and vendor requirements. Then build a list of twenty to thirty clinics, labs, urgent care centers, dialysis centers, pharmacies, and public-health offices in the proposed local radius and call every one. Ask what they do today and what goes wrong with it. Buy only the training that the verified operation requires.

Days 31-60 — one trial route. Offer a free or reduced-rate trial week to the first clinic that shows interest. Get the insurance bound before the first pickup, not after. Run the route perfectly for five days and ask for the contract on day five.

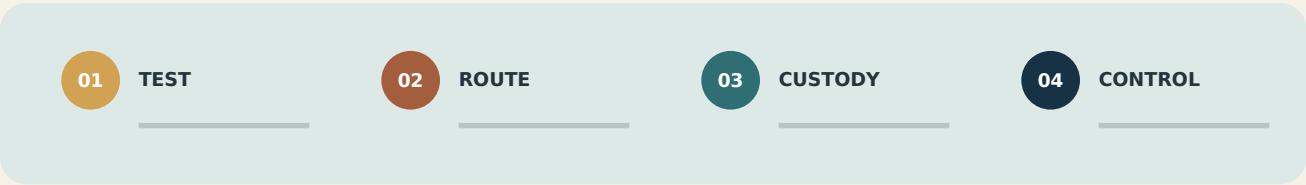
Days 61-90 — convert and stack. Turn the trial into a signed monthly agreement. Use it as the reference on the next four calls. Start the hospital credentialing paperwork, which will still be running when the quarter ends.

The one metric: contracted route-days per week. Not enquiries, not one-off runs, not revenue. A route-day is a day someone has committed to paying for on a recurring basis. Ten route-days a week is a real business. One is a hobby with a certificate.



ROUTE READINESS | Load the vehicle deliberately with PPE, spill response, transport cases, and backup supplies.

7. Honest assessment



The model can be attractive for an unglamorous reason: entry equipment is limited, a suitable vehicle may already be available, and local geography can be difficult for an out-of-area operator to copy.

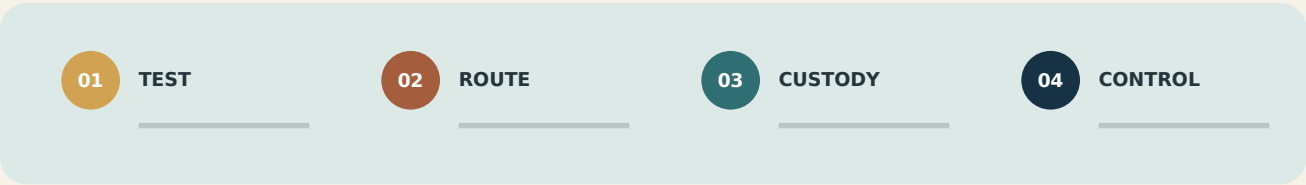
It is also unglamorous: early mornings, repeated roads, scheduled handoffs, and a transport case in the vehicle. The work does not get more interesting as it grows; it gets more scheduled — worth being honest about before signing a twelve-month agreement.

The two real risks are known and testable for little cost. If the health system runs its own courier service, the anchor may be gone. If regional work must be priced like a local run, mileage and drive time can erase the margin. One buyer call tests the first and one route spreadsheet tests the second.

The model can open a relationship with health systems, clinics, laboratories, pharmacies, and care providers. Once vendor credentialing and reliable service exist, adjacent healthcare logistics opportunities may become visible, but each service needs its own verified licensing, insurance, training, and operational controls [VERIFY].

BUSINESS LENS	CONTROL
Anchor	Confirm whether the health system outsources routes and obtain its vendor packet.
Density	Price route miles, drive time, stops, windows, and recurring volume together.
Custody	No pickup begins without approved packaging, handoff, incident, and privacy procedures.

7. Honest assessment Continued



Do not buy insurance or credentialing before the requirements packet arrives. Buying against a guess is how a cheap line becomes an expensive one.

BUSINESS LENS	CONTROL
Anchor	Confirm whether the health system outsources routes and obtain its vendor packet.
Density	Price route miles, drive time, stops, windows, and recurring volume together.
Custody	No pickup begins without approved packaging, handoff, incident, and privacy procedures.

CORE REFERENCE

Training and Compliance Cost Reference

01TEST

02ROUTE

03CUSTODY

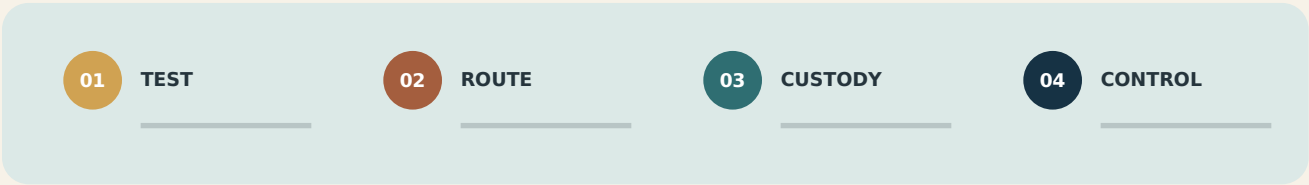
04CONTROL

Buy training against the actual material, route, employer role, and client vendor packet. Preserve certificates and recurrent-training records.

Item	Cost	Note
Combined medical courier course — OSHA bloodborne pathogens plus DOT hazmat under 49 CFR	\$100-\$200 est.	One course and certificate; confirm it covers required functions [VERIFY]
Bloodborne pathogens annual refresher	\$12-\$40 verified	Required every 12 months under 29 CFR 1910.1030
DOT hazmat recurrent training	Included above	Every three years under 49 CFR 172.704
Other OSHA training	Actual role and client requirement	Do not assume previously held training covers the operation [VERIFY]
HIPAA training and Business Associate Agreement	\$0-\$50 est.	Client supplies or approves the BAA and required privacy procedure [VERIFY]

CORE REFERENCE

Insurance Cost Reference

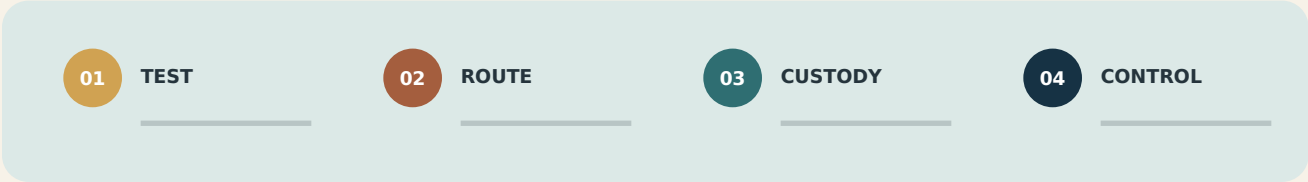


A personal auto policy is not a substitute for written commercial coverage of courier operations.

Item	Cost	Note
Commercial auto	Quote required	Confirm delivery for hire, vehicle, drivers, radius, and client limits in writing [VERIFY]
Cargo / inland marine	Quote required	Confirm specimens, supplies, records, medications, exclusions, and limits [VERIFY]
General liability	\$500-\$900/year est.	Clients may require a certificate and additional-insured status [VERIFY]

CORE REFERENCE

Equipment and Credentialing Cost Reference

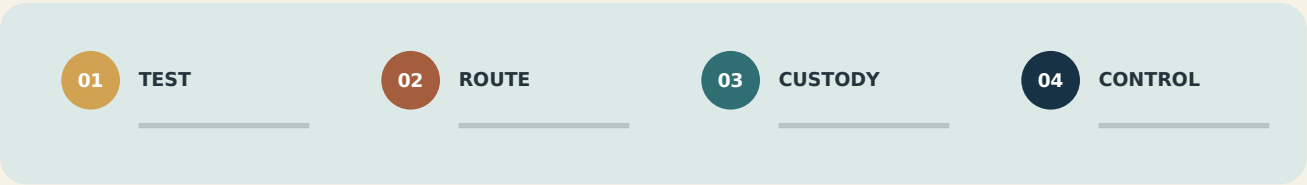


Replace any already-owned assumption with the actual vehicle, equipment, onboarding, and replacement cost for this business.

Item	Cost	Where or control
Fuel-efficient service vehicle	Actual cost or \$0 if suitable and owned	Confirm commercial use, condition, title, and replacement reserve [VERIFY]
Insulated transport coolers, two sizes	\$120-\$250	Use client-approved containers and cleaning procedure [VERIFY]
Digital thermometer and temperature log	\$60-\$150	Some clients require logged temperatures
Biohazard spill kit, gloves, eye protection	\$75	Match kit and PPE to exposure assessment and client protocol [VERIFY]
Phone mount and dash camera	\$150	Confirm privacy, recording, retention, and insurer rules [VERIFY]
Scheduling — spreadsheet and calendar to start	\$0	Add route software only when stops require it
Background check, drug screen, motor vehicle record	\$50-\$150 est.	Vendor and client requirements vary [VERIFY]
Vendor credentialing service fee	\$200-\$500/year est.	Varies by system; the requirements packet will say

CORE REFERENCE

Source Pricing Reference



These are proposals to test. Calculate direct cost, paid time, capacity, wait time, failure exposure, and margin before quoting.

Tier	Rate	Best for
Local run, within 15 miles	\$25 per stop, \$75 minimum per trip	Clinics, urgent care, and local pharmacy
Scheduled daily route — recommended	\$150 per day, contracted monthly	Predictable recurring service; validate route economics
Stat or after-hours	\$65 per run; \$95 after 6 p.m. or weekends	True clinical exceptions only

WORKSHEET 01

Startup Checklist

01 TEST

02 ROUTE

03 CUSTODY

04 CONTROL

DONE	ACTION	OWNER DATE NOTES
☐	Call the largest nearby health system's supply-chain or laboratory operations office and request its vendor packet.	
☐	List twenty to thirty clinics, labs, urgent care centers, dialysis centers, pharmacies, and public-health offices in the launch radius.	
☐	Ask each prospect what moves, how often, who moves it now, what fails, required windows, and vendor requirements.	
☐	Check licensing, zoning, and tax rules for your own city and state before starting.	
☐	Confirm OSHA, DOT hazmat, bloodborne pathogens, privacy, HIPAA, packaging, waste, vehicle, drug, tax, and records requirements [VERIFY].	
☐	Obtain written commercial auto, cargo / inland marine, general liability, workers' compensation, cyber, and client-required coverage [VERIFY].	
☐	Complete function-specific training and preserve initial and recurrent records before handling regulated materials [VERIFY].	
☐	Create service, route, pickup, chain-of-custody, temperature, cleaning, exposure, spill, incident, rejection, and closeout records.	
☐	Equip and inspect the vehicle, containers, thermometer, PPE, spill kit, phone mount, dash camera, backup supplies, and security [VERIFY].	
☐	Model every proposed route by miles, time, stops, windows, wait time, capacity, deadhead, backup, cost, and contribution margin.	
☐	Run one insured trial route, request the contract, and track contracted route-days rather than one-off inquiries.	

WORKSHEET 02

Equipment and Budget Worksheet

01 TEST

02 ROUTE

03 CUSTODY

04 CONTROL



COURIER SYSTEM | Standardize containers, packaging, PPE, spill response, temperature, route, and handoff records.

ITEM	NEEDED	ESTIMATE	ACTUAL	NOTES
Business formation, registrations, licensing, permits, tax, contracts, and professional review [VERIFY]				
Commercial auto, cargo / inland marine, general liability, workers' compensation, cyber, and client coverage [VERIFY]				
Fuel-efficient vehicle, inspection, maintenance, tires, brakes, fluids, cleaning, depreciation, and replacement reserve				
Client-approved insulated containers, secondary packaging, absorbent material, labels, seals, racks, and securement [VERIFY]				
Digital thermometers, calibration, probes, data loggers, temperature forms, batteries, and backups [VERIFY]				
Exposure-control supplies, gloves, eye protection, spill kit, disinfectant, waste containers, and PPE [VERIFY]				
Phone, mount, dash camera, navigation, hotspot, charger, backup power, privacy, and secure communications [VERIFY]				
DOT hazmat, bloodborne-pathogen, HIPAA/privacy, function-specific, recurrent, and client training [VERIFY]				
Background check, drug screen, motor vehicle record, immunization, badge, vendor portal, and credentialing [VERIFY]				
Scheduling, route, chain-of-custody, temperature, invoicing, storage, backup, and incident software [VERIFY]				
Working capital, fuel, tolls, parking, backup driver, missed route, claim, spill, breakdown, deductible, and reserve				

BUDGET CONTROL

TOTAL ESTIMATE: _____ TOTAL ACTUAL: _____ CASH RESERVE: _____

Pricing and Estimate Template

01TEST

02ROUTE

03CUSTODY

04CONTROL

CLIENT	SERVICE LOCATION	ESTIMATE NUMBER	DATE

SERVICE OR INPUT	BASIS	AMOUNT
Scheduled local route	Days × contracted rate	
Stops	Stops × approved rate	
Stat pickup	Runs × rate	
After-hours / weekend	Runs × rate	
Regional route	Miles, time, and stops	
Wait time [VERIFY]	Approved basis	
Temperature-control requirement	Equipment and logging	
Credentialing or client access [VERIFY]	Approved basis	
Tolls, parking, or approved expense	Actual or agreed basis	
Total estimate		

TOTAL ESTIMATE	DEPOSIT OR AUTHORIZATION	VALID THROUGH

WORKSHEET 04

Medical Courier Service Agreement



FIELD	AGREED DETAIL
Client, legal entity, authorized contacts, billing, facilities, departments, route dates, and escalation numbers	
Materials accepted and excluded: specimens, UN3373 Category B, dry ice, medications, records, supplies, and other items [VERIFY]	
Pickup and delivery locations, windows, days, stops, route order, mileage, access, parking, wait time, and cutoffs	
Client packaging responsibility, courier inspection, secondary packaging, labeling, seals, rejection, and exception procedure [VERIFY]	
Chain of custody, identity verification, signatures, timestamps, photos, scanning, confidentiality, and proof of delivery [VERIFY]	
Temperature range, equipment, preconditioning, monitoring, calibration, readings, excursions, notification, and records [VERIFY]	
Vehicle, driver, backup driver, training, background, drug screen, motor vehicle record, badge, and credential requirements	
Exposure control, PPE, spill response, cleaning, waste, incident reporting, post-exposure response, and stop-work authority [VERIFY]	
Privacy, PHI, BAA, minimum necessary, communications, device security, records, storage, retention, deletion, and breach response [VERIFY]	
Service levels, missed pickup, delay, traffic, weather, breakdown, backup coverage, force majeure, and client notification	
Rate, minimum, route-day, stat, after-hours, wait time, mileage, expenses, fuel adjustment, invoicing, tax, and payment terms	
Insurance, certificates, additional insured, limits, cargo value, declared value, exclusions, indemnity, and claims [VERIFY]	
Subcontractors, transfer, rerouting, commingling, vehicle substitution, client approval, and audit rights [VERIFY]	
Term, renewal, termination, suspension, acceptance, records, complaints, dispute, and authorized signatures [VERIFY]	

WORKSHEET 05

Invoice Template

01TEST

02ROUTE

03CUSTODY

04CONTROL

BUSINESS	CLIENT	INVOICE NUMBER	DATE DUE

DESCRIPTION	QUANTITY	RATE	AMOUNT
Scheduled route-days			
Local stops			
Stat pickups			
After-hours / weekend runs			
Regional route			
Approved wait time			
Tolls or parking			
Approved added service			

SUMMARY	AMOUNT
Subtotal	
Tax [VERIFY]	
Credits / adjustments	
Total	
Balance due	

Job Log and Lead Tracker

01

TEST

02

ROUTE

03

CUSTODY

04

CONTROL

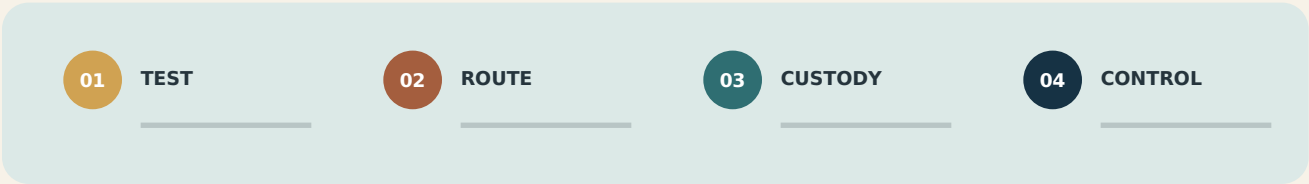
DATE	ACCOUNT / ROUTE	DAYS / STOPS	ON TIME	EXCEPTION	NEXT STEP
DATE	ACCOUNT / ROUTE	DAYS / STOPS	ON TIME	EXCEPTION	NEXT STEP

ONE METRIC

CONTRACTED ROUTE-DAYS / WEEK: _____ ON-TIME: _____ EXCEPTIONS: _____

WORKSHEET 07

Medical Courier Compliance and Safety



Check licensing, zoning, and tax rules for your own city and state before starting.

CHECK	CONTROL	INITIALS NOTES
☐	Licensing, zoning, tax, courier, vehicle, health, privacy, waste, packaging, drug, and local rules are confirmed [VERIFY].	
☐	Commercial auto, cargo / inland marine, general liability, workers' compensation, cyber, and client-required coverage are bound [VERIFY].	
☐	Hazmat employees receive initial and recurrent function-specific training; records meet 49 CFR 172.704 requirements [VERIFY].	
☐	Bloodborne-pathogen exposure control, annual training, PPE, spill response, cleaning, waste, and post-exposure procedures are in place [VERIFY].	
☐	UN3373 Category B and any dry ice are classified, packaged, marked, handled, secured, and documented under applicable requirements [VERIFY].	
☐	Each client approves accepted materials, packaging responsibility, container, temperature, chain-of-custody, rejection, and incident procedures.	
☐	PHI and confidential data are minimized; the BAA, device security, communications, access, records, retention, deletion, and breach plan are confirmed [VERIFY].	
☐	Vehicle, drivers, backups, maintenance, weather, route risk, fatigue, distracted-driving, parking, securement, and breakdown controls are documented [VERIFY].	
☐	Work stops for damaged or leaking packaging, unidentified material, temperature failure, missing documentation, unsafe conditions, untrained handling, or inadequate coverage.	

STOP RULE

Do not pick up or transport until the material, packaging, marking, route, temperature, chain of custody, privacy, training, vehicle, insurance, client authorization, and incident procedure are confirmed. Reject and escalate damaged, leaking, unidentified, undocumented, or out-of-control material.