

Hazardous Materials Shipping Request Form Domestic and International Shipment

Must be submitted a minimum of 72 hours prior to desired shipping date. Some materials require special packaging and may not be available to ship within 72 hours.

For specific instructions on filling in this form, please contact Risk Management and Safety at 631-5037. Return completed form to Risk Management and Safety at Fax: 631-8794 or email: jdewispe@nd.edu

		*Date Submi	tted
Shipper Information *Name		*Phone	
* PI/Lab Group		*Department	
*Email		*Desired Shipping Date	
Recipient Information			
*Company Name		*Contact Nar	me
*Address 1			
Address 2		*Email	
*City	_ *State	*Postal Code	·
*Country	*Telepl	none	
* Chemical Name(s)* Amount of Chemical:	g	mg	LmL
* Chemical State:	Solid	Liqu	id Gas
*Container Type:	Glass	☐ Meta	nl Plastic
*Biological Agent Name			
*Select the type of hazard below			
Flammable Gas	Poison/Toxic Gas		Miscellaneous
Flammable Liquid	Poisonous/Toxic N	/aterial	Corrosive Material
Flammable Solid	Oxidizer/Organic l	Peroxide	Dangerous When Wet
Radioactive Material:	Non-flammable ga	ıs	Infectious Substance
Isotope Activity	uCi	mCi	Bq mBq
Isotope Activity	uCi	mCi	Bq mBq
Isotope Activity	uCi	mCi	Bq mBq
*Select FedEx Service by circling de Int'l Economy Int'l Priority Don *Shipment Declared Value (US\$) _ Please read the following and sign b	mestic First Dome	estic Priority	Domestic Std. FedEx 2-Day
I certify that the hazardous material		hinment is de	scribed truthfully to the best of my
ability. All information provided is		•	•
responsibility for the description of			
*Requester's signature:			

^{*-} indicates a required field for respective materials being shipped