**VT Chemistry Stockroom Outgoing Shipping Request Form**

* Sender/PI is responsible for supplying ISR for dry ice, if required.

|  |
| --- |
| Date you would like to ship package:  *Note: International shipments can take up to 1 week to coordinate for hazardous material. Domestic shipments require at least 2 hour notice.* |
| **Shipping From (Shipper)** |
| Name of Sender:  |
| Department: **Chemistry** Room # and Bldg.: **171 Davidson Hall** |
| Street Address: **1040 Drillfield Drive** City: **Blacksburg** Zip Code: **24061** |
| Phone Number:  E-mail:  |
| Responsible Person: Responsible Person Phone:  |
| **Shipping To (Consignee)** |
| Name:  Phone #:  |
| Institution/Business Name:  |
| Address:  |
| City:  State:  Zip Code:  |
| Country:  |
| Fund number (charge to code) : **Content: Documents**  **Research Sample**  **Lab Chemicals** **Equipment**  **Other** |
| Will your shipment contain **dry ice**? **[ ]**  Yes **[ ]**  No If yes, approximately how much (kg)? |
| What **type** of material are you shipping? **[ ]**  Solid **[ ]**  Liquid **[ ]**  Both |
| Please describe the material to be shipped. What is the primary packaging,? What is the volume of material in each primary? What is the quantity of primary containers? All liquid primary receptacles **must** be individually secured with secondary containers.  |
| Are you shipping potentially **hazardous materials**? **[ ]**  Yes **[ ]**  No |
| Will this shipment contain **chemicals,** e.g. formalin or ethanol? **[ ]**  Yes **[ ]**  No |
| If yes, list all chemicals and quantities here. Use the full chemical name, including percentage |
| Domestic Shipping Mode: Check the selected modeOvernight2-Day3-DayGround 1-Day Freight2-Day Freight3-Day FreightShipping company: Circle FedEx, UPS, DHL, or FreightIf Freight, specify Freight company: If nothing selected Fedex will be used |
| International shipment mode: Check the desired mode FedEx Priority FedEx Economy UPS Worldwide Express  UPS Worldwide Expedited |
| General information: complete all of the following fields No. Of Packages: \_\_\_\_ Total Weight: \_\_\_\_\_\_\_ Insurance, if needed: $\_\_\_\_\_\_\_\_ Return Material Authorization No. (RMA), if needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Additional comments (if you want tracking sent to sender or consignee please specify):  |