

# SSRL User Shipping Request Form

## [HAZARDOUS MATERIALS]

SDS of all hazardous materials have been sent to SSRL Safety Office ([ssrl-safety@slac.stanford.edu](mailto:ssrl-safety@slac.stanford.edu)).

\*List Liquid Nitrogen or Dry Ice on the following page if present. SLAC Shipping and Receiving will provide SDS.

\*\* If shipping out of US, fill out INTERNATIONAL SHIPMENT form.

### Contact Information:

Your Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Spokesperson/PI: \_\_\_\_\_

Proposal #: \_\_\_\_\_

### Shipping Information:

*If being shipped to an intermediary, list all recipients:*

Recipients Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Company/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_

Country: \_\_\_\_\_

Intermediary: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Shipping:

Federal Express (FedEx) Account Number:

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Overnight

Economy (2-Day)

UPS

Account Number:

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Next-day Air

Regular Air (3-Day)

Ground (5-6 business days)

**Payment Method:**

Carrier Account

SSRL User Financial Account Number

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**Insurance:**  Yes

No

**Declare:**  \$0

\$ \_\_\_\_\_

**Preferred shipment arrival date:** \_\_\_\_\_

\*\* Fill out reverse side\*\*

\*\*It can take several days to process shipment requests through SLAC. Missing or insufficient information will delay shipments further.

## Shipper Details:

**HAZARDOUS MATERIALS DECLARATION:** I request for the following material to be shipped from SLAC to the address listed on the front side of this form. This shipment and declaration provided shall be subject to review by SSRL Safety Office.

	Material (include how the material is packaged/contained)	Qty	Required for all chemical materials (protein/solvents/etc.)	
			Individual package qty (g/kg)	Total qty (g/kg)
Ex.	3 small vials containing 5 mg of Lithium Phosphorus Sulfur Chloride (LPSCI) powder contained in one large mason jar	3	5 mg	15 mg
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

Package weight (lbs): \_\_\_\_\_ Size/dimensions: \_\_\_\_\_ Reason for Shipment: \_\_\_\_\_

Place item(s) to be shipped in the shipping area located outside room 104/103. Attach this form to your shipment and alert SSRL Safety Office of your shipment needs. Should there be any questions/concerns regarding this shipment, SSRL Safety Office will reach out to the individual who filled out this form.

SLAC Shipping & Receiving may popen or repack poorly packed domestic shipments as well. If you DO NOT want Shipping & Receiving to open your box, write: DO NOT OPEN per (your name) instructions on the box.

This form is complete and reviewed accordingly. Information provided is accurate and the proper SDS for the shipment is attached.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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