SSRL User Shipping Request Form

[NON-HAZARDOUS MATERIALS]

Shipment is free of hazardous materials such as <u>Lic</u> ** If shipping out of US, fill out INTERNATIONAL SHIP			
Contact Information:			
Your Name:	Date:		
Phone Number:	Email:		
Spokesperson/PI:	Proposal #:		
Shipping Information:			
If being shipped to an intermediary, list all recipi	ents:		
Recipients Name:	Phone Number:		
Company/Institution:			
Address:			
Address 2:			
City:	State:		
Zip code:	Country:		
Intermediary:	Phone Number:		
Shipping:			
☐ Federal Express (FedEx) Account Number:			
\square Overnight			
☐ Economy (2-Day)			
☐ UPS Account Number:			
☐ Next-day Air			
☐ Regular Air (3-Day)			
☐ Ground (5-6 business days)			
Payment Method: ☐ Carrier Account ☐ Pre-Paid			
☐ SSRL User Financial Acco	unt Number		
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:

• Reminder: Shipment must not contain hazardous materials such as liquid nitrogen and dry ice.

			Required for all chemical materials (protein/solvents/etc.)	
	Item (detailed description including manufacturer, model #, serial #, etc.)	Qty	Individual package qty (g/kg)	Total qty (g/kg)
Ex.	10 plastic vials of NaCl contained in 2 glass mason jars with 5 vials in each jar.	10	1g	10 g
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
Packa	nge weight (lbs): Size/dimensions:	Reason	for Shipment:	
shipm	item(s) to be shipped in the shipping area located outside roo ent and alert SSRL Safety Office of your shipment needs. Shoo ling this shipment, SSRL Safety Office will reach out to the in-	uld there	be any questions/	concerns
	Shipping & Receiving may open or repack poorly packed dome Shipping & Receiving to open your box, write: DO NOT OPEN			
This fo	orm is complete and reviewed accordingly. Information provid	led is acc	urate.	
Signa	ature: Date:			

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