

**University of Delaware
Department of Occupational Health & Safety**

DOT SHIPPING REQUEST FORM

Directions: Please complete this form as accurately as possible. All shipments of chemicals require **at least** a one week advance notice. An incomplete form will delay the shipping process.

The customs information and requirements for **international shipments** are the responsibility of the individual completing this request form. Contact your colleague to determine any special requirements.

Please contact Kevin Eichinger at 302-831-2103 or eich@udel.edu with any questions or concerns.

Step #1: A Material Transfer Agreement (MTA) must be completed for your samples unless you are shipping your materials to your own lab members at another University of Delaware Campus Location or to a lab you are paying to perform analyses for you. MTAs are handled through Research and Graduate Studies. The forms are available on their website at <http://www.udel.edu/research/researchers/policies-forms.html>. Click on Material Transfer; the form you need is the UD Material Transfer Agreement. If you have any questions regarding this procedure, please contact Elizabeth Peloso in Research and Graduate Studies.

Step #2: Notify and confirm with the recipient that the material is en route and discuss the nature/hazards.

Step #3: Complete Section 1 of this form. All information is required to ship your material

Step #4: Please check the appropriate category or categories for your shipment and complete the applicable section(s), which follow on subsequent pages.

<input type="checkbox"/> Section 2: Mixtures	<input type="checkbox"/> Section 4: Synthesized Material
<input type="checkbox"/> Section 3: Reagent	<input type="checkbox"/> Section 5: Compressed Gas/Liquid

Step #4: Label all samples/containers with the following information:

- a. Common chemical name or IUPAC name
- b. Quantity - grams or liters
- c. Percentage breakdown of mixture (if applicable)
- d. The words **“For Research Use Only”**

Step #5: Certification Statement (Please Read and Sign. DOHS requires an actual signature in order to initiate the shipping process. You can complete the form, print it and fax to x1528 or send via email if you have a program that uses an electronic signature.)

I certify that all the information provided on this form is true and accurate. I am aware that there are substantial penalties and fines associated with misrepresentation of the information associated with the shipment of hazardous materials. I also certify that any Synthesized Material, if included in this shipment, was synthesized following Prudent Laboratory Practices as outlined in the University of Delaware’s Chemical Hygiene Program under the direct supervision of a Technically Qualified Individual.

Signature: _____ Date: _____

Section 1: Administrative Information

Shipper Information:

Department:
Requester Name:
Supervisor/ Principal Investigator:
Phone Number:
Email:
Date to be shipped:
Date to reach destination:

Destination Information:

Name of Consignee:
Name of Business:
Phone Number:
Email:
Street Address:
City:
State:
Zip Code:

Billing Information:

Department Fed Ex. Charge Code:
Departmental Account or Purpose Code:
Account Administrator or Contact Name:
Account Admin/Contact Phone #:

Section 2: Mixtures

Item #1:

Material Information	Common Chemical Name	Place % in the Appropriate Box	
		% By Weight	% By Volume

Mixture Information:

1. IUPAC Name (If Applicable):

2. Total Quantity: Liters (liquids): Grams (solids):

3. MSDS available? Yes No

4. Is Dry Ice Needed? Yes No Amount: kilogram

Item #2:

Material Information	Common Chemical Name	Place % in the Appropriate Box	
		% By Weight	% By Volume

Mixture Information:

1. IUPAC Name (If Applicable):

2. Total Quantity: Liters (liquids): Grams (solids):

3. MSDS available? Yes No

4. Is Dry Ice Needed? Yes No Amount: kilogram

Item #3:

Material Information	Common Chemical Name	Place % in the Appropriate Box	
		% By Weight	% By Volume

Mixture Information:

1. IUPAC Name (If Applicable):

2. Total Quantity: Liters (liquids): Grams (solids):

3. MSDS available: Yes No

4. Is Dry Ice Needed? Yes No Amount: kilogram

* Submit additional pages of this form if you have more than three items to ship.

Section 3: Reagent Chemicals

Item #1:

Material Information	1. Common Chemical Name:			
	2. Chemical Formula			
	3. Total Quantity:	Liters (liquids):	Grams (solids):	
	4. MSDS Available:	<input type="checkbox"/> Yes		<input type="checkbox"/> No
	5. Is Dry Ice Needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount: kilogram

Item #2:

Material Information	1. Common Chemical Name:			
	2. Chemical Formula			
	3. Total Quantity:	Liters (liquids):	Grams (solids):	
	4. MSDS Available:	<input type="checkbox"/> Yes		<input type="checkbox"/> No
	5. Is Dry Ice Needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount: kilogram

Item #3:

Material Information	1. Common Chemical Name:			
	2. Chemical Formula			
	3. Total Quantity:	Liters (liquids):	Grams (solids):	
	4. MSDS Available:	<input type="checkbox"/> Yes		<input type="checkbox"/> No
	5. Is Dry Ice Needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount: kilogram

Item #4:

Material Information	1. Common Chemical Name:			
	2. Chemical Formula			
	3. Total Quantity:	Liters (liquids):	Grams (solids):	
	4. MSDS Available:	<input type="checkbox"/> Yes		<input type="checkbox"/> No
	5. Is Dry Ice Needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount: kilogram

Item #5:

Material Information	1. Common Chemical Name:			
	2. Chemical Formula			
	3. Total Quantity:	Liters (liquids):	Grams (solids):	
	4. MSDS Available:	<input type="checkbox"/> Yes		<input type="checkbox"/> No
	5. Is Dry Ice Needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount: kilogram

Item #6:

Material Information	1. Common Chemical Name:			
	2. Chemical Formula			
	3. Total Quantity:	Liters (liquids):	Grams (solids):	
	4. MSDS Available:	<input type="checkbox"/> Yes		<input type="checkbox"/> No
	5. Is Dry Ice Needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount: kilogram

* Submit additional pages of this form if you have more than six items to ship.

Section 4: Synthesized Material**MATERIAL CHARACTERISTICS**

Please provide the following chemical characteristics information that will aid in the accurate determination of shipping requirements. This section must be completed for each chemical/material that does not have a material safety data sheet (MSDS).

Material Information	1. Common IUPAC Name or User ID:			
	2. Molecular Formula:			
	3. Flash Point: °C		4. Boiling Point: °C	
	5. Toxicity	Oral LD50:	Dermal LD50:	Inhalation LC50:
	6. pH:			
	7. Is this material shock sensitive?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
	8. Is this material pyrophoric?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
	9. Is this material air reactive?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
	10. Is this material water reactive?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
	11. Total Quantity:	Liters (liquids):		Grams (solids):
	12. MSDS Available:	<input type="checkbox"/> Yes		<input type="checkbox"/> No
	13. Is Dry Ice Needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount: kilogram

Structural Drawing:

Any additional information on the chemical/ material characteristics?

*** Submit additional pages of this form if you have more items to ship.**

Section 3: Compressed Gas/Liquid

Item #1:

Cylinder Content Information	Choose Applicable	1. Common Chemical Name:				
		2. Chemical Formula:				
		3. Mixture Information:		a. Chemical:	% Concentration:	
				b. Chemical:	% Concentration:	
				c. Chemical:	% Concentration:	
	d. Chemical:			% Concentration:		
	3. Cylinder Size:				4. Pressure: psi	
	5. Total Quantity:		Liters (liquids):		Grams (solids):	
6. MSDS Available:		<input type="checkbox"/> Yes		<input type="checkbox"/> No		
7. Cylinder Status		Cylinder is Empty: <input type="checkbox"/>		Cylinder is Full: <input type="checkbox"/>		

Item #2:

Cylinder Content Information	Choose Applicable	1. Common Chemical Name:				
		2. Chemical Formula:				
		3. Mixture Information:		a. Chemical:	% Concentration:	
				b. Chemical:	% Concentration:	
				c. Chemical:	% Concentration:	
	d. Chemical:			% Concentration:		
	3. Cylinder Size:				4. Pressure: psi	
	5. Total Quantity:		Liters (liquids):		Grams (solids):	
6. MSDS Available:		<input type="checkbox"/> Yes		<input type="checkbox"/> No		
7. Cylinder Status		Cylinder is Empty: <input type="checkbox"/>		Cylinder is Full: <input type="checkbox"/>		

Item #3:

Cylinder Content Information	Choose Applicable	1. Common Chemical Name:				
		2. Chemical Formula:				
		3. Mixture Information:		a. Chemical:	% Concentration:	
				b. Chemical:	% Concentration:	
				c. Chemical:	% Concentration:	
	d. Chemical:			% Concentration:		
	3. Cylinder Size:				4. Pressure: psi	
	5. Total Quantity:		Liters (liquids):		Grams (solids):	
6. MSDS Available:		<input type="checkbox"/> Yes		<input type="checkbox"/> No		
7. Cylinder Status		Cylinder is Empty: <input type="checkbox"/>		Cylinder is Full: <input type="checkbox"/>		

* Submit additional pages of this form if you have more than three items to ship.