## University of Louisville **DEHS Shipment Request Form for Chemical Samples**

1.	. Shipper namer:	
	a. Email of shipper:	
	b. Campus location (building/room):	
2.	2. Is shipper DOT/IATA certified for shipping hazardous chemicals? Yes	No
3.	Shipper department:	
4.	Shipper PI/Supervisor:	
	a. Email of PI/Supervisor:	
5.	5. Shipper phone number:	
6.	6. Is there a scheduled date for shipment? Yes No	
	a. If yes, shipping date:	
7.	7. Is this an international shipment? Yes No	
8.	3. Monetary value of shipment:	
9.	2. Is this shipment a vendor Return Material Authorization (RMA)? Yes	No
	a. If yes, please attach vendor RMA instructions.	
10	0.Is this a Ground Shipment? Yes No	
	a. If yes, provide name of carrier:	
11	1.Is this an Air Shipment? Yes No	
	a. If yes, provide name of carrier:	
12	2. Will this be a recurring shipment? Yes No	
	a. If yes, provide range of dates: From:  To:	
	b. If yes, provide grant number:	
13	3. Name and type of chemical/material being shipped:	
	a. If available, please provide DEHS with the SDS, lab analyses, or any other	er
	pertinent information to better describe and identify the material.	
14	4. Provide specific information on the quantity of materials being shipped:	

a. Number of inner containers:

b.	Amount of chemical in EACH inner container:
15.Desci	ribe the type of inner container holding the chemical/material (screw-top lid, plastic
glass,	, etc.):
1.C.D.	1 4 4 1 ( 11 11 4 )
	ribe the outer package (cardboard box, etc.):
	mation of recipient receiving the shipment:
	Name of institution/company:
b.	Name of person receiving shipment:
c.	Recipient address:
d.	Recipient phone number:
18.Interr	national shipments only-provide brief description of reason for shipment:
10 A ddi	tional comments:
19. Auu	tional comments.
20.Your	email address: