

Old Dominion University
Environmental Health & Safety
Dangerous Goods Shipment Request Form

Please complete and fax to 757-683-6025 with the Material Safety Data Sheet (MSDS)

1. Shipper Information

Name: _____ Requested Ship Date: _____

Department: _____ Phone: _____

Address: _____ Email: _____

Preferred courier (circle one): FedEx Airborne UPS Other _____ Account Number: _____

2. Destination Information

Name: _____ Company: _____

Department: _____ Phone: _____

Address: _____

3. Description of Items Being Shipped:

Material to be shipped: _____ Technical name: _____

Manufacturer: _____ Product Number: _____

Physical State: Liquid Solid Multi-phase (describe) Gas

Other (describe) _____

Radioactive? yes no If yes, Isotope: _____ Activity: _____

Biological? yes no If yes, does it contain a Risk Group 2, 3, or 4 pathogen? yes no

Pathogen Name: _____

Amount of material per container: _____ (mg, kg, mL, L) **Container size:** _____ **No. Containers:** _____

Container type: Glass Plastic Bag Plastic Metal Can Ampoule

4. Special Shipping Requirements:

Cold Packs yes no **Dry Ice Required?** yes no Amount of dry ice required _____ Kg

5. Certification

I certify that all the information provided on this form is true and accurate.

Signature: _____ Date: _____