

REHS Dangerous Goods Shipment Request Form

Please complete and fax to 732.445.3109 with the Material Data Safety Sheet (MSDS)

1. Shipper Information

Name: _____ Requested Ship Date: _____

Department: _____ Phone: _____

Address: _____

Email: _____

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

2. Destination Information

Name: _____ Company: _____

Department: _____ Phone: _____

Address: _____

3. Description of Items Being Shipped /Material Characteristics (for mixtures/solutions see page 2 item 4):

Material to be shipped: _____ Technical name: _____

CAS number: _____ Physical State: Liquid Solid Multi-phase (describe) Gas Other (describe)

Flash Point °C: _____ Boiling Point °C: _____ pH: _____

Shock Sensitive? yes no Water Reactive? yes no Pyrophoric? yes no Oxidizer? yes no

Toxicity Oral LD₅₀ (mg/kg): _____ Dermal LD₅₀ (mg/kg): _____ Inhalation LC50 (mg/L): _____

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: _____

Genetically Modified? yes no Is the inserted gene from a Risk Group 2, 3, or 4 pathogen? yes no

Pathogen Name: _____

If this GMO were released into the environment, would it effect reproduction of plants, animals, or humans in a way that is not the result of normal reproduction? yes no

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

Container type: Glass Plastic Bag Plastic Metal Can Ampoule

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

4. Mixtures and Solutions Description:

Constituents

Common Chemical Name	Place percentage in the appropriate box	
	% by weight	% by Volume

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

Flash Point °C: _____ **Boiling Point °C:** _____ **pH:** _____

Shock Sensitive? yes no **Water Reactive?** yes no **Pyrophoric?** yes no **Oxidizer ?** yes no

Toxicity Oral LD₅₀ (mg/kg): _____ **Dermal LD₅₀ (mg/kg):** _____ **Inhalation LC50 (mg/L):** _____

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

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

Container type: Glass Plastic Bag Plastic Metal Can Ampoule

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

5. Other shipment information:

For each additional material to be shipped in the same package, copy these pages and complete sections 3 and/or 4 as appropriate.

6. Certification

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

Signature: _____ Date: _____