

REQUEST FOR SHIPMENT				SERIAL NUMBER:	
Instructions: Form must be completed and signed by the Administrative Officer in block 23. <u>Requester must sign in block 14 for packages containing hazardous/infectious items.</u> Requesting Office - Send the original form with shipment to the Freight Forwarding Section. Keep a copy for your records. Shipping Officer - File this form as authorization and documentation of shipment.				Note: All dutiable international shipments (other than printed documents) must be accompanied by one original and two copies of a Commercial Invoice (NIH 1884-1) and Quarantine Permit Service Office (QPSO) authorization 301-496-2960 for customs clearance. Must bear an original signature.	
<b>1. Request Shipment of</b> (check one): <input type="checkbox"/> Government-owned Property <input type="checkbox"/> Other (specify)				<b>2. Requester Name</b> (Consignor)	
<b>3. Date of Request</b> (MM/DD/YYYY)	<b>4. IC</b>	<b>5. Building and Room</b>	<b>6. Phone No.</b>	<b>7. Email Address</b>	
<b>8. Shipment Paid by:</b> (check one): <input type="checkbox"/> NIH <input type="checkbox"/> Consignee (please complete block 9)		<b>9. Carrier's Name, Account No. to be Billed</b>			
<b>10. DESCRIPTION OF ARTICLES:</b> When items of varying descriptions are to be shipped, they must be listed separately. If articles are chemical, biological, diagnostic or infectious in nature, the following information must be included: name of substance, nature (biological, diagnostic, chemical, etc.), origin (animal & species, human, synthetic, etc.), number of vials or containers, amount of substance in each vial/container and any markings or ID #s on the vials/containers. Do not pack specimens in envelopes. <b>Certification in block #14 must be signed for hazardous/infectious items.</b>			<b>11. HAZARDOUS or INFECTIOUS</b> (Please Specify)	<b>12. QTY</b>	<b>13. DOLLAR VALUE</b> (Stating a dollar value does not insure the shipment. You must request insurance separately and give a brief justification in block #)
(If additional space is required, please attach a continuation sheet)					
<b>14. SHIPPER'S HAZARDOUS MATERIAL CERTIFICATION AND SECURITY ENDORSEMENT TRAINING</b> (Regulation 49 CFR Part 172.704): An employee who performs any function involving the shipment of hazardous materials must be trained and certified.  <i>I certify that this shipment does not contain any unauthorized explosive, destructive or undeclared hazardous material (including dry ice) and the information in Items #10 and #11 is accurate. I further certify that if I declared this shipment an infectious substance or diagnostic specimen, it has been packaged according to ICAO/ IATA Dangerous Goods Regulations, Packing Instructions 602 (infectious) or 650 (diagnostic). I consent to a search of this shipment. I am aware that this endorsement and original signature along with other shipping documents will be retained on file.</i>  (NOTE: THIS CERTIFICATION MUST BE SIGNED OR THE SHIPMENT WILL BE REFUSED AT TIME OF PICKUP.)					
<b>X</b> _____ Requester's Name (type)		_____ Date (MM/DD/YYYY)		<b>X</b> _____ Requester's Signature (required)	
<b>15. Packaging</b> (check one): <input type="checkbox"/> Packed by Requester <input type="checkbox"/> To be packed by Shipping (Nonperishable, nonhazardous items only)		<b>16. If material was packed by the requester, how was it packed?</b> (check as applicable) If ice was used, packaging must be leak-proof. <input type="checkbox"/> Dry Ice (packaging must permit the release of carbon-dioxide gas) <input type="checkbox"/> Wet Ice <input type="checkbox"/> Ice Packs <input type="checkbox"/> Room Temperature <input type="checkbox"/> Other			
<b>17. SHIP TO (Consignee)</b> (Do not use P.O. Box addresses) (Name, street address, state or country, zip code, telephone number)			<b>18. Additional Information, Instructions or justification</b> (Include FROM Address for Inbound shipments)		
<b>19. Date shipment must arrive at destination</b>		<b>20. Property Clearance</b> (Signature of Property Accountable Officer or other official required)			
<b>21. Accounting Classification System (ACS)</b> (formerly CAN)		<b>22. Administrative Officer's Name</b> (type)		<b>23. Administrative Officer's Signature</b> (required)	

**SHIPPING OFFICER COMPLETES THIS SECTION**

<b>24. Shipping Carrier</b>	<b>25. Date Shipped</b> (MM/DD/YYYY)	<b>26. TSO Number</b>	<b>27. Airway bill or Freight bill Number</b>	
<b>28.</b> <input type="checkbox"/> International <input type="checkbox"/> Domestic	<b>29. Packed by Owner</b>	<b>30. Packed by Shipping</b>	<b>31.</b> <input type="checkbox"/> Pick-up <input type="checkbox"/> Walk-in	<b>32. Driver Initials</b>
<b>33. Total Weight</b>	<b>34. Shipping Cost</b>		<b>35. Maximo Serial Number</b>	