



Please complete this shipping assessment form for all items to be shipped to/from Weill Cornell Medicine (WCM). This includes and is not limited to any shipments containing batteries, biological products, chemicals, ITS equipment, patient specimens, reagents, samples, hand-carry items, etc. If more than 5 items need assessment, please re-fill out this form as many times as necessary and e-mail all forms compiled to shipping@med.cornell.edu

Along with the form, provide any information that will allow the shipping team to accurately assess shipping, packaging, labeling, permitting, and documentation requirements for your shipment. This includes a copy of the manufacturer safety data sheet (SDS) for any chemicals or preservatives that may impact your shipment, details of what your samples may include, a copy of MTA, product manuals, etc.

Please submit this form at least 1 week prior to the expected ship date. Note, some items may require longer lead times for assessment. Some items require government agency permits. This process requires additional documentation for government regulatory agencies, transporters, and airlines, which can take several weeks to complete. The shipping timeline is dependent upon the nature of the material and complexity of the shipment. Some shipments may also require additional filing requirements for export due to value restrictions.

For questions regarding Material Transfer Agreements (MTA's), please contact the Office of Sponsored Research Administration (OSRA) for incoming shipments (osra-contracts@med.cornell.edu) and Center for Technology Licensing (CTL) for outgoing shipments (mta-ctl@cornell.edu).

Additional information regarding shipping can be found on the EHS website: <https://ehs.weill.cornell.edu/shipping>.

If shipment is for export, these commodities, technology, or software were exported from the U.S. in accordance with the export administration regulations. Diversion contrary to the U.S. Law is prohibited.

NOTE: Radioactive substances are NOT included on this form; if applicable, please contact EHS (ehs@med.cornell.edu or 646-962-7233) for radioactive substance shipment instructions.

SECTION 1: CONTACT INFORMATION	
Principal Investigator / Lab	Fund# for supplies or freight services
Name of WCM Contact to Discuss Shipment:	WCM Contact's Email and Telephone#
Name of Courier / Airline to be Used:	Expected Ship / Travel Date:
SHIPPER / TRAVELER INFORMATION	END USER INFORMATION
Shipper's Company name and Address	End User's Company name and Address
Shipper's Information (Full Name)	End User's Information (Full Name)
Shipper's Email and Telephone#	End User's Email and Telephone #
Name of Layover Countries (if any)	End Use (Specify Application)

CONTINUED: Shipping Assessment Form

SECTION 2: MATERIAL DESCRIPTION AND SHIPMENT INFORMATION					
	Item 1	Item 2	Item 3	Item 4	Item 5
What type of shipment is this? Please select. If answer is other than biological, please skip section 3. If answer is chemical, please provide SDS.					
Material name:					
Catalog/NDC/CAS Number (if applicable):					
Manufacturer:					
Country of Manufacture:					
Number of Units:					
Volume / Weight per Unit:					
Value per Unit (US\$):	\$	\$	\$	\$	\$
Shipping Temperature:	If Other, specify here:	If Other, specify here:	If Other, specify here:	If Other, specify here:	If Other, specify here:
Item ECCN (if known):					
MTA/CTA in Place*					
Is medical license required for purchase or use?**					

SECTION 3: BIOLOGICAL MATERIALS ONLY					
	Item 1	Item 2	Item 3	Item 4	Item 5
Which description best fits this item?	If Other, specify here:	If Other, specify here:	If Other, specify here:	If Other, specify here:	If Other, specify here:
Is the item likely to contain an infectious agent?	If Yes, specify here:	If Yes, specify here:	If Yes, specify here:	If Yes, specify here:	If Yes, specify here:
Does this item contain a preservative?	If Yes, provide SDS:	If Yes, provide SDS:	If Yes, provide SDS:	If Yes, provide SDS:	If Yes, provide SDS:

CONTINUED: Shipping Assessment Form

What is the preservative type and quantity per container?					
Is the item contained in leak-proof container?					
SECTION 4: PACKAGING & SHIPPING					
Need Assistance with Purchasing a Shipping Box/Container?					
Quantity of Dry Ice to be Use (if applicable):	kg	kg	kg	kg	kg
Who is preparing the shipment?	If Other, specify here:	If Other, specify here:	If Other, specify here:	If Other, specify here:	If Other, specify here::
Date of bio. material and dry ice shipments, training of person preparing package					
SECTION 5: SUBMIT THE COMPLETED FORM TO SHIPPING VIA EMAIL: SHIPPING@MED.CORNELL.EDU SHIPMENT ID # <input style="background-color: #cccccc;" type="text"/>					

**If MTA is in place, please send a copy. If a service agreement is in place covering these materials, then it is not required. If you do not have an MTA but need one, please contact the Office of Sponsored Research Administration (OSRA).*

***If a medical license is required, please attached a copy of the license to this form.*