



Form 1430 FR.01
Shipping Policy Exception Request Form

Revised 1/14/2020

Business Office Owner/Requestor Information				
Last Name:		First Name:		M.I.:
NetID:		Department:		
Phone #:		Email:		

Information for Individual Shipper(s)					
Last Name	First Name	M.I.	NetID	Email	Associated P.I. (if applicable)

Exception Request Information		
<i>Please indicate whether the requested exception is for outgoing shipments, incoming shipments, or a combination. Also indicate whether the requested exception is for a single occurrence, an ongoing carrier account, or the transport of field study/clinical investigation specimens.</i>		
<input type="checkbox"/> Outgoing Shipments Only	<input type="checkbox"/> Incoming Shipments Only	<input type="checkbox"/> Outgoing and Incoming Shipments
<input type="checkbox"/> Single Occurrence*	<input type="checkbox"/> Ongoing Carrier Account*	<input type="checkbox"/> Transport of Field Study/Clinical Investigation Specimens*
<i>* Please complete the appropriate page below to provide further detail about the requested exception</i>		

Charging Instructions for Shipment(s)				
<i>(please provide charging instructions for the shipment(s) comprising the requested exception)</i>				
Company:				
Yale Designated:				
Grant:				
Gift:				
Cost Center:				
Program:				
Project:				
Spend/Revenue Category:				
Ledger Account:				
Location:				
Assignee:				
Percentage of Total:				

Business Office Certification	
<p>By signing below, I certify that the information provided above and in the attached form is correct, to the best of my knowledge. I agree to provide any additional information needed in the consideration of this shipping policy exception request. I certify that there is a valid and legitimate reason for an exception to Policy 1430 Shipping.</p> <p>If an exception is granted, I agree that my business office will ensure that any resulting shipment is in compliance with the terms of the exception. If a carrier account is opened as a result of this exception request, I acknowledge and agree that my business office is responsible for ensuring the appropriate use of that account, in compliance with the terms of the granted exception.</p>	
Lead Administrator (or designee) Signature:	Date:

Completed forms should be sent to the appropriate office, depending upon the type of shipment(s) for which the exception is being requested, as outlined below:

- Shipping, General : Yale Relocation & Logistics Management : diane.brown@yale.edu; 203-432-9961; or
- Shipping Research/Clinical Materials : Yale Environmental Health & Safety : ehs@yale.edu; 203-785-3550.



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Shipping Policy Exception Request Form – *Single Occurrence Exception Request*

Revised 1/14/2020

Complete and attach this page to the exception request form only if requesting a single occurrence exception.

Single Occurrence Exception Information <i>(complete only if requesting a single occurrence exception)</i>			
Detailed description of item(s) to be shipped <i>(including number of packages, weights, dimensions, etc.):</i>			
Approximate Value of Shipment:			
Recipient <i>(individual or institution name):</i>		Recipient Address:	
ECCN (Export Control Classification Number) <i>(if known and applicable):</i>			
Preferred Carrier:			
Additional Pertinent Details <i>(if any):</i>			
Reason for Single Occurrence Exception Request <i>(please provide a detailed explanation as to why an exception is required – i.e., why the shipment(s) cannot be processed through eShipGlobal)</i>			

Yale Shipping Committee Use Only					
Date Received:		Received By:			
Exception Request Status:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Approved/Denied By:		Date:
Reason for Approval or Denial					
Terms of Exception Approval <i>(if applicable)</i>					



Shipping Policy Exception Request Form – Exception Request for Transport of Field Study/Clinical Investigation Specimens

Complete and attach this page to the exception request form only if requesting an exception for the transport of field study/clinical investigation specimens.

Transport of Field Study/Clinical Investigation Specimens Information <i>(complete only if requesting an exception for the transport of field study/clinical investigation specimens)</i>			
Detailed description of item(s) to be shipped <i>(including number of packages, weights, dimensions, etc.):</i>			
Location of Specimens <i>(individual or institution name):</i> <i>-submit additional pages, as needed-</i>		Address:	
Will all field study/clinical investigation specimens be collected within the state of Connecticut?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," from which additional state(s) will specimens be collected?	
Specific Packaging Information:			
Reason for Exception Request for Transport of Field Study/Clinical Investigation Specimens <i>(please provide a detailed explanation as to why an exception is required – i.e., why the shipment(s) cannot be processed through eShipGlobal)</i>			

Agreement to Maintain List of Shippers
The shippers involved in the transport of field study/clinical investigation specimens are required to undergo specific training, as determined by Environmental Health & Safety. As such, it is important to maintain an accurate list of individuals associated with this requested exception. Accordingly, the Lead Administrator <i>(or designee)</i> must agree to maintain an accurate list of shippers in the EHS Integrator .
<input type="checkbox"/> By checking this box, I (Lead Administrator or designee) agree to maintain and update an accurate list of shipper names in the EHS Integrator .

Yale Shipping Committee Use Only				
Date Received:		Received By:		
Exception Request Status:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Approved/Denied By:	Date:
Reason for Approval or Denial				
Terms of Exception Approval <i>(if applicable)</i>				