

Declaration of Biological Shipments

Please use this form to support clearance of biological shipments from customs authorities.

Shipper	Consignee
Name	Name
Address	Address
City	City
ZIP Code	ZIP Code
Phone	Phone
Email	Email
Customer No:	Customer No:

The above shipment contains (please check all that apply)

Description of material(s)

Selection 1: hazardous: yes no harmful: yes no infectious: yes no
Please specify UN-Number: _____

Selection 2: **Specimen of human origin:** yes no **If «Yes», please specify:** _____
parts of human body: yes no **Specify:** _____
(bones, tissues, organs, cells etc.)
blood yes no **serum** yes no **plasma** yes no
stool yes no **saliva** yes no **urine** yes no

Selection 3 **Biological specimen of animal origin:** yes no
If «Yes», please specify. Fill in species and type of specimen, (i.e., rabbit DNA, mouse monoclonal antibodies)
Species _____
Species _____
Species _____

Please be aware, that prior to shipping, it is the obligation of the sender/receiver to check if an export and/or import license is necessary.

Selection 4 **Specimen of culture of microorganism.** Fill in the correct Latin name and strain:

Are the microorganism components in a solution of animal origin? yes no
If "Yes", please write the origin: _____
Check, if you need special export papers or an MSDS.

Selection 5: **Synthetic or chemical content.** Fill in the correct name of the goods and provide the CAS Registry Number (Chemical Abstracts Service Registry Numbers, CAS-No.) and an appropriate MSDS:

Selection 6: Other, not defined above _____

Sample only for research other: human usage not used by humans Others

Handling Dry ice (UN1845 / -80°C) Keep cool (2-8°C) Room temperature

Date _____ **Signature** _____



Department for BioMedical Research, Murtenstrasse 35, 3008 Bern, Switzerland

**UNIVERSITÄT
BERN**
Medizinische Fakultät
Department for BioMedical Research

Shipper	Consignee
Name	Name
Address	Address
City	City
ZIP Code	ZIP Code
Phone	Phone
Email	Email

Commerical Invoice

Description:	Quantity	Unit weight	Location of origin	Total Weight	Total value

Description of the packaging

Handling Dry ice (UN1845 / -80°C) Keep cool (2-8°C) Room temperature

Weight in kg _____ Number of pieces _____ Dimensions in cm: L: _____ W: _____ H: _____

I declare all the information contained in this invoice to be true and correct.

Name and Signature Job title Date

NON-HAZARDOUS, NON-INFECTIOUS, NON-RADIOACTIVE SAMPLE

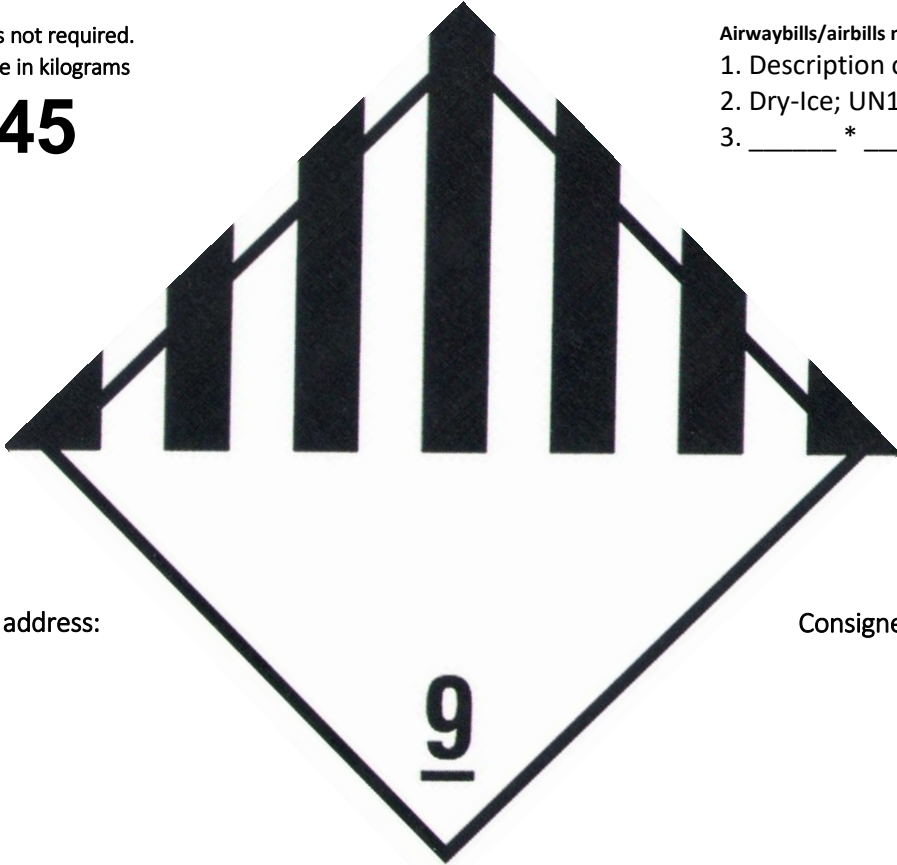
Shipper's Declaration is not required.
Dry Ice amount must be in kilograms

UNI1845

Airwaybills/airbills must have the following:

1. Description of goods
2. Dry-Ice; UN1845
3. _____ * _____ kg

DRY ICE,
_____ kg



Shipper's name and address:

Consignee name and address:

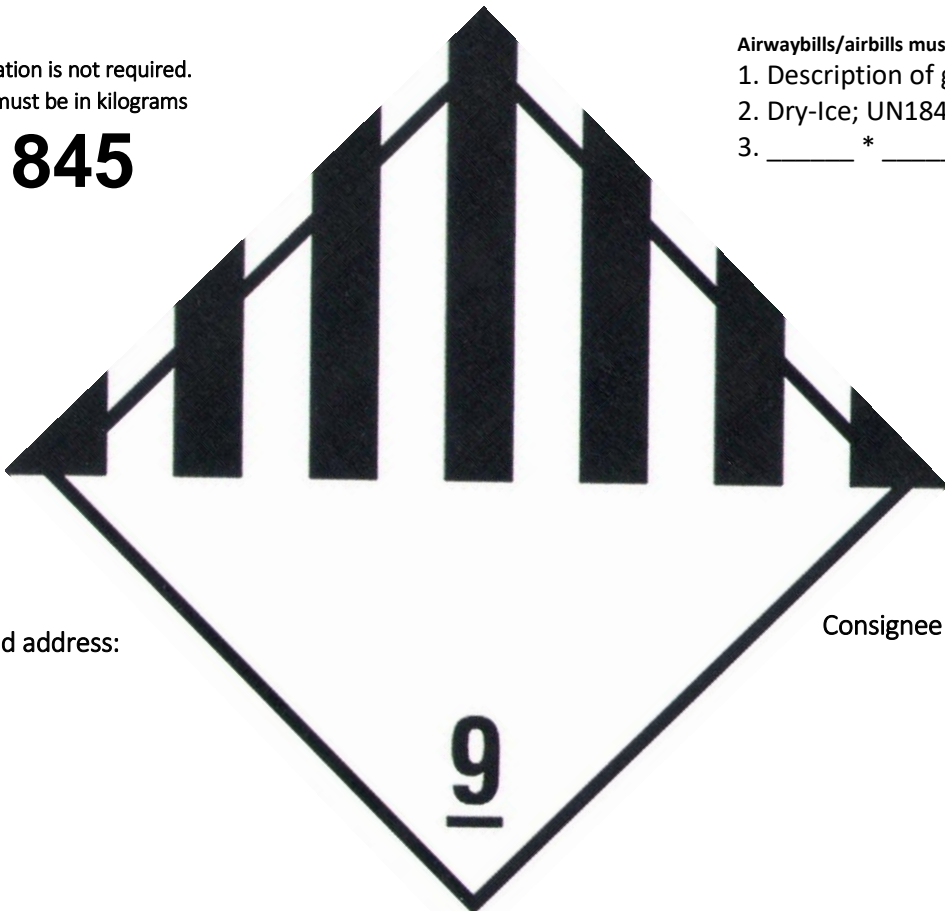
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UNI1845

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1. Description of goods
2. Dry-Ice; UN1845
3. _____ * _____ kg

DRY ICE,
_____ kg



Shipper's name and address:

Consignee name and address:

Source Letter for Shipment (USA)

To whom it may concern
The following statements relates to the contents of shipment;

from (sender's address)

Name
Address
City
ZIP Code
Phone
Email

to the (recipient address)

Name
Address
City
ZIP Code
Phone
Email
Customer No:

Description of the material(s)

These are non-hazardous, non-infectious, non-carriers of viruses, and non-radioactive.

Furthermore, the following statements apply:

- No monoclonal antibody.
- No immunogen.
- The material is for in vitro use only (research).
- The material does not come from a facility where work with exotics viruses affecting livestock and avian species is conducted.
- The material is not recombinant.

For more information please contact

Contact name

Phone

Email

TOXIC SUBSTANCE CONTROL ACT (TSCA) CERTIFICATION

Date:

(Check one section only)

Positive Certification Statement:

"I certify that all chemical substances in this shipment comply with all applicable rules or orders under TSCA and that I am not offering a chemical substance for entry in violation of TSCA or any applicable rule or order under TSCA."

Or

Negative Certification Statement:

"I certify that all chemicals in this shipment are not subject to TSCA."

Company Name

Company Address

City/State

Country/Zip

Authorized Name

Authorized Signature

Title

If the certifier is unsure if their chemical substance is subject to TSCA compliance, contact the Environmental Protection Agency, TSCA Assistance Office, Washington, D.C. (202) 554-1404 between 8:30 am and 5:00 pm EST.