

Request for Export Controls Review Application

Name of Shipper: _____

Phone Number: _____ E-mail address: _____

Department: _____

Supervisor: _____ Zip Code: _____

Institution: UNMC UNO Nebraska Medicine

This form is intended to be used to request an Export Review for any of the following potentially export controlled activities:

Sharing, shipping, transmitting, or transferring of goods (testing kits, chemicals, radioactive material, equipment, hardware and materials including biological materials); technology (technical information and data); software/codes (commercial or custom) to a foreign national in the US or a foreign individual/entity or country outside of the US.

1. What is the item that you will be exporting? good(s) technology or software

Item name &

Description: _____

Value(dollars): _____

Make and Model #: _____

Quantities / Volumes: _____

Company / Source Name: _____

Company / Source Phone: _____

Item order number (if available): _____

Shipping Item or Passenger/Cargo: _____

Yes, additional items are attached with the above information.

Include or attach technical information

Is the item a Chemical? Yes No

Please include or attach a Safety Data Sheet (SDS or MSDS) for any chemical.

SDS is attached.

SDS not available – Completed “Dangerous Goods Determination Form” is attached.

Is this a new compound synthesized here at UNMC or not commercially available?

Yes No

If yes, please complete the “Dangerous Goods Determination Form”.

Completed “Dangerous Goods Determination Form” is attached.

Is the item a Biological Substance? Yes No

If yes, is it Human or Animal? _____

Where did you acquire this biological material: _____

If yes, please answer all the following questions.

Is the agent to be shipped classified as a select agent? Yes No

If yes, please complete the CDC Form 2 for approval to transfer a select agent.

Completed “CDC Form 2” is attached.

Note: All transfers require specialized couriers that are approved for and accept select agents for transfer.

Is the Biological a pathogen or toxin or a genetic element of a pathogen or toxin even in attenuated form? Yes No

If so, please describe. _____

Are all micro-organisms present non-pathogenic for humans/animals? Yes No

Are they specimens for which there is only a minimal likelihood that pathogens are present?

Yes No

Will it be shipped on dry ice? Yes No

Are the specimens shipped in a media? Yes No

If so what is the media? _____

Is someone in your lab certified by UNMC Environmental Health and Safety to ship biological substances and dry ice? Yes No

If yes, please provide the name of certified shipper. _____

Are there batteries being shipped? Yes No

If so, what kind and how many? _____

Is there magnetic material being shipped? Yes No

2. Who is the item being shipped to?

Affiliated Institution or Company Name: _____

Individual(s) Name: _____

Address: _____

Phone: _____

Employer ID number (if available): _____

3. Will the item be used by or shipped to someone other than the above? Yes No

If Yes: please provide the following information

Company / Individual / Other – Name: _____

Address: _____

Phone: _____

Employer ID number (if available): _____

4. Will the item be exported through a third party (i.e. freight forwarder)? Yes No

If Yes: please provide the following information:

Company / Individual / Other – Name: _____

Address: _____

Phone: _____

Employer ID number (if available): _____

5. What is the intended use of the item?

Please be specific: _____

6. Will the export support the design, development, production, stockpiling or use of nuclear explosive devices, chemical or biological weapons, or missiles?

Yes No

7. Are there any restrictions on the public release of the exported item?

(Ex. Publication restrictions or non-disclosure agreements)

Yes No Other explain: _____

8. Did UNMC originally receive the materials from someone else? Yes No

If Yes: please provide the following information

From what entity were they received? _____

Were they received under a written agreement (i.e., MTA) and/or under any restrictions which would put conditions on our ability to transfer the materials to a third party? Yes No

Note: If there was a written agreement we would need to review it.

Agreement is attached.



9. Is there any intellectual property that we need to protect? Yes No

If so, please explain. _____

10. Do we want to place any restrictions on what the recipient can do with the materials, or restrict their ability to transfer to third parties? Yes No

Signature: _____ Date: _____

Print Name: _____

Once completed, please return this form to exportcontrol@unmc.edu.

Or send to:
University of Nebraska Medical Center
Trevor Carritt
Export Control Manager – Shipping
Environmental Health & Safety
Shackleford Hall
4367 Emile St.
Omaha, NE 68198-5480
Telephone: 402-559-2736
Email: tcarritt@unmc.edu