

# Export details Form

Please do not fill in with handwriting **typing only**

Date \_\_\_\_\_

**Sender details**

Full name \_\_\_\_\_ Tel \_\_\_\_\_ Cell \_\_\_\_\_  
Contact person for further information \_\_\_\_\_ Tel \_\_\_\_\_  
Department name \_\_\_\_\_

**Recipient details**

Company name \_\_\_\_\_ Contact person name \_\_\_\_\_  
Street name and number \_\_\_\_\_  
Department \_\_\_\_\_ Building / Room \_\_\_\_\_  
City \_\_\_\_\_ Postal code \_\_\_\_\_ Country/State \_\_\_\_\_  
Tel \_\_\_\_\_ E-mail \_\_\_\_\_

**Shipment details**

Number of packages \_\_\_\_\_ Purchase order number of the exported items \_\_\_\_\_

**Shipment purpose**

☐ Repair ☐ Warranty repair ☐ Exchange ☐ Return ☐ Scientific research ☐ other \_\_\_\_\_

**Storage**

☐ Regular storage ☐ fragile ☐ other \_\_\_\_\_

**Shipment content description and quantity**

\_\_\_\_\_  
\_\_\_\_\_

**Radiation Safety**

If you answered "Yes" to any of the above questions, the group leader or the designated radiation safety referent must submit this form for approval by the Radiation Safety Officer before forwarding it to the Purchasing Department. For inquiries or submission, please contact: [safety.unit@weizmann.ac.il](mailto:safety.unit@weizmann.ac.il)

Does the device emit ionizing radiation during operation? ☐ Yes ☐ No

Does the device contain radioactive material? ☐ Yes ☐ No

Does the device include an electron beam with accelerating voltage above 5 kVp? ☐ Yes ☐ No

Radiation Safety Officer approval ☐ Approved ☐ Not Approved

Item's Country of manufacture \_\_\_\_\_ Serial number of the item/s \_\_\_\_\_ RMA # \_\_\_\_\_

**Package type** ☐ Carton ☐ Wood ☐ Other \_\_\_\_\_

**Packages dimensions** (L) \_\_\_\_\_ x (W) \_\_\_\_\_ x (H) \_\_\_\_\_ cm **Each package weight** \_\_\_\_\_ ☐ KG ☐ Gram

**Shipment value** \_\_\_\_\_ \*If package contains more than 1 item please make sure to write value of each item separately

**Shipping charges paid by** ☐ Department ☐ Recipient **Recipient's billing account number** ☐ FEDEX ☐ UPS \_\_\_\_\_

**Shipment will be insured at the value of** \_\_\_\_\_ ☐ No need to insure

**Sender's** Full name \_\_\_\_\_ Signature \_\_\_\_\_

**Radiation Safety Officer approval** Full name \_\_\_\_\_ Signature \_\_\_\_\_

**Administrator / Administrator assistant** Signature \_\_\_\_\_ (Both sender and administrator signatures are required)