



OFFICE OF LOGISTICS MANAGEMENT (OLM)

Shipping & Return Materials Authorization Form – LM-17

Reference #V:

You must complete this Form On-Line. Hand written Forms will be rejected.

Submit Form:		Please bring this form with you to the West Receiving Dock Help Desk. You may also Fax to 679-1218 or PDF by email.					
Requester's Name:			Title:				
Department:							
Phone Number:			Fax Number:				
Room Number:			Mail Code:				
Email Address:							
Hazardous Materials:		<input type="checkbox"/> 1. My package(s) do not contain hazardous materials. <input type="checkbox"/> 2. My package(s) contain hazardous materials and I have completed the appropriate training.					
Returned For:		<input type="checkbox"/> 1. Exchange <input type="checkbox"/> 2. Repair <input type="checkbox"/> 3. Credit <input type="checkbox"/> 4. Other:					
Shipping Request:		<input type="checkbox"/> 1. Over-the Road Carrier Service (over 70 pounds) <input type="checkbox"/> 2. UPS Regular Ground Service <input type="checkbox"/> 3. Priority Ship (FedEx, etc.) <input type="checkbox"/> 4. Other:					
List Document Tracking Numbers:				Insure Each Package For:		\$	
PO #:		Packing List #:		Invoice #:		Date:	
Quantity	Unit	HC Asset #		Description			
Note: The UCH Tag Number and Item Description must be completed if UCH/State Assets are involved in this Service Request.							
Items are being returned for the following Reason:							
Recipient Name :			Telephone #:				
Address:			RMA #:				
City/State/Zip:							
Recipient/Vendor: Send Repair and/or Replacement Shipments to:							
UConn Health 263 Farmington Avenue, Farmington, CT 06032				Department Information:			
Coding:	FY	Fund	Org	Program	Account		
Authorized Coding Signature:					Date:		
Written Name:							
Important Notices to Department Head:							
<ul style="list-style-type: none"> Your signature confirms that all equipment & accessories used with/or having contained radioactive or other hazardous materials, have been inspected & approved for surplus, shipping and/or storage by Environmental & Radiation Safety. Your signature confirms that all electronic storage equipment & devices have been properly cleaned of information according to UCH HIPAA policies. Your package(s) do not contain any DOT/IATA dangerous goods (hazardous materials). You have completed DOT/IATA dangerous goods shipping training within the last three years to ship the hazardous materials in your package(s), i.e., Dry Ice, Human or Animal Biological Specimens, Infectious agents, or any other related dangerous/hazardous goods or materials. Please contact Environmental Health & Safety at 679-2723 if you need training or have any questions regarding proper shipping of dangerous goods. 							
Central Receiving:		Date Shipped:		VIA:		Pick-Up By:	
Department Head/Designee Signature:			Date	OLM Staff Signature		Date	
Written Name (Mandatory)				Written Name (Mandatory)			