



Regulated Biological Material Transfer Notification

Supplier

Name of Institution or Facility:

Address of Building:

City:

Prov./State:

Zip/Postal Code

Country:

PHAC Licence number (If applicable):

Internal permit number (If applicable):

Export permit number (If applicable):

Name of Biological/Biohazardous Material

Description and Risk Group of material to be transferred:

- Human Pathogen
- Human tissues/cells/bodily fluids
- Animal tissues/cells/bodily fluids
- Animal Pathogen
- Prions
- Aquatic (AQ) Animal Pathogen
- Biological Toxins
- Aquatic animals – live (Requires AQ CL2 in vitro/in vivo-small scale)
- Plant Pathogen/Pests
- rDNA/genetically modified microorganism

Supplier

Name: _____

Phone: _____

e-Mail: _____

Signature

Supplier BIOSAFETY OFFICER

Name: _____

Phone: _____

e-Mail: _____

Date:

Signature

Recipient

Name of Institution or Facility:

Address of Building:

City:

State/Prov.

Zip/Postal Code

Country:

PHAC Licence number (If applicable):

Internal permit number (If applicable):

Import permit number (If applicable):

Room number(s)/ Building name(s) where material will be used and/or stored

Is the recipient lab in compliance with the facility /institutional biosafety program and can it safely handle and store the transferred materials according to HPTA/CBS? Y N

Recipient

Name: _____

Phone: _____

e-Mail: _____

Signature

Recipient BIOSAFETY OFFICER

Name: _____

Phone: _____

e-Mail: _____

Date:

Signature

Supplier

Recipient