

Biohazardous Agent Transfer Notification

Supplier Information		Recipient Information		
Name of Institution or Facility:		Name of Institution or Facility:		
Name of Supplier:		Name of Recipient:		
Street Address:		Street Address:		
City:		City:		
Prov./State:	Postal Code/Zip:	Prov./State:	Postal Code/Zip:	
Email:		Email:		
PHAC License no., if applicable:		PHAC License no., if applicable:		
Internal Biosafety permit no., if applicable:		Internal Biosafety permit no., if applicable:		
Material to be transferred: select appropriate category or categories and complete the table below				
<input type="checkbox"/>	Human Pathogen	<input type="checkbox"/>	Aquatic Animal Pathogen	
<input type="checkbox"/>	Human tissues, cells, bodily fluids	<input type="checkbox"/>	Plant Pathogen/Pests	
<input type="checkbox"/>	Animal Pathogen	<input type="checkbox"/>	Biological Toxin	
<input type="checkbox"/>	Animal tissues, cells, bodily fluids	<input type="checkbox"/>	rDNA/Genetically modified microorganism	
Material Name (Add extra page if required)		Quantity	Form	RG
Room number(s)/names(s) where the 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/CBSG?			Yes	
			No	
Proposed Date(s) of Transfer:				
Supplier Signatures		Recipient Signatures		
Name of Supplier		Name of Recipient		
Signature of Supplier		Signature of Recipient		
Biosafety Officer Name:		Biosafety Officer Name:		
Biosafety Officer Phone no.:		Biosafety Officer Phone no.:		
Biosafety Officer email:		Biosafety Officer email:		
Signature of Biosafety Officer		Signature of Biosafety Officer:		
Date:		Date:		