**Supplier**

|  |  |
| --- | --- |
|  | **Name of Institution or Facility**:  |
| **Address of Building**:  |
| **City:**  | **Prov./State:**  |
| **Zip/Postal Code**  | **Country**:  |
| **PHAC Licence number & Expiry Date (If applicable**): **Internal permit number (If applicable)**:**Export permit number (If applicable)**:  |
| **Name of Biological/Biohazardous Material & Risk Group level:****Description and Risk Group of material to be transferred:****Check off applicable categories below:**  [ ]  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 [ ]  Bee Pathogens [ ]  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 & Expiry Date (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** |

Comments: