**Supplier**

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|  | **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**

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| **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: