|  |  |
| --- | --- |
| Supplier / Fournisseur | |
| Name of Centre or Faculty | | |
| Name of Supplier Permit Holder | | |
| Building | | |
| Room Number | | |
|  |  |
| Internal UBC Biosafety Permit number | | |
|  | |
| Description and Risk Group of material to be transferred    Human Pathogen |  Human tissues/cells/bodily fluids  Animal Pathogen |  Animal tissues/cells/bodily fluids |  Plant Pathogen |  Aquatic Animal Pathogen  Other | | |
|
|  | |
| Name AND Signature of Suppling Biosafety Permit Holder | | |
|  | |
| TRANSPORT DETAILS |  Method :  On foot within building  On foot within site  By Courier  By Car  Name of consignor :  Shipment Classification :  TDG Class 6.2 Certificate Expiration Date: | |

|  |  |
| --- | --- |
| Recipient / Destinataire | |
| Name of Centre or Faculty | | |
| Name of Recipient Permit Holder | | |
| Building | | |
| Room Number | | |
|  |  |
| Internal UBC Biosafety Permit number | | |
|  | |
| Room number(s)/ name(s) where agent will be used and/or stored    Is material to be transferred listed on the recipient’s Biosafety Permit? Y  N  Have lab personnel received the documented training necessary to handle and store the agent(s) safely? Y  N  Is a Pathogen Safety Data Sheet or Equivalent available to lab personnel? Y  N | |
|  | |
| Name AND Signature of Recipient | | |
|  | |
| Send a scan of the completed form to  The UBC Biosafety Office by email:  researchsafety@rms.ubc.ca | |
| Copies sent to Biosafety Office and kept by both labs?  Y  N | |