|  |
| --- |
| 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 [ ]  |