

INTRODUCTION

Select agents and toxins have the potential to pose a threat to public health and safety, to animal and plant health as to animal and plant products. Due diligence must be taken to protect the public from either accidental release/exposure or intentional release/exposure due to acts of bioterrorism. Currently, a select agent or toxin may only be transferred under the conditions described in the *Transportation of Dangerous Goods Regulations* (SOR/85-77). Although these regulations dictate the packaging and transport of select agents, they do not address the inventory, chain of custody documentation and biosecurity requirements of the sending and receiving institutions or agencies set out in the *Laboratory Biosafety Guidelines* (PHAC), or the *Human Pathogens and Toxins Act* (Bill C-11).

The purpose of this form is to document the authorization and transfer of select agent(s) or toxin(s) between institutions/agencies. The Responsible Official (RO) from both the sending and receiving institutions are required to complete the authorization **prior to** the transfer of material. A material transfer agreement may also be required.

This form is not sufficient for importing select agents as an importation permit from the Office of Laboratory Security is required. For more information visit: <http://www.hc-sc.gc.ca/pphb-dgspsp/ols-bsl/>

INSTRUCTIONS

1. Prior to transferring a select agent or toxin, the **recipient RO** must complete section 1, sign and date at the bottom of the page, and send the completed form to the sending RO for transfer approval.
2. The **sending RO** will review the request and approve or disapprove the transfer. The sending RO will return the form to the recipient RO and will send a copy of the form to the sender. The transfer must be completed within 30 days of issuance of the Transfer Authorization.
3. When the **sender** receives the Form with RO authorization for transfer, the **sender** must complete Section 2 and sign and date at the bottom of Section 2.
 - a. For block 25 ("Characterization of agent"), please provide characterization of agent (e.g., strain designation, GenBank Accession number, publication citation, molecular characterization data, etc.). If unknown, indicate "not known" for block.
 - b. For block 36 ("Name of carrier"), please indicate the method of shipment (e.g., Fed-Ex delivery or hand-delivered by sender, recipient, or federal law enforcement agency. For hand-deliveries, please include the name of the individual).
 - c. Select agents and toxins must be packaged, labeled, and shipped in accordance with all federal and international regulations. It is highly recommended that the sender utilize a method for tracking the movement of the select agents and toxins being shipped.
 - d. The sender must place one copy of page 2 of the Form in the shipment and send one copy of page 2 of the form to the BSO.
4. Upon receipt of the shipment, the **recipient's RO** must complete Section 3 and send one copy of page 2 of the form to the sender **within 2 business days of receipt**. If the select agent or toxin has not been received within 48 hours after the expected delivery time or the package received containing select agents or toxins has been damaged to the extent that a release of the select agent or toxin may have occurred, the recipient's RO must immediately submit a "Report of Theft, Loss, or Release of Select Agents and Toxins" to the appropriate federal agency. A copy of the completed form must be maintained for 3 years. **NOTE: If the transfer does not occur within 30 days of authorization, the recipient RO completes block 39 of Section 3 and sends the completed form to the sending BSO.**



**SELECT AGENTS AND TOXINS
TRANSFER AUTHORIZATION AND RECORD**

Read all instructions carefully before completing the report. Answer all items completely and type or print in ink. This report must be signed and submitted to the BSO:

Biological Safety Officer
Trinity Western University
7600 Glover Road
Langley BC, V2Y 1Y1
tel: 604-888-7511 x3162 fax: 604-513-2018
E-mail: christopher.hall@twu.ca

SECTION 1 – TO BE COMPLETED BY RECIPIENT			
SECTION A – RECIPIENT INFORMATION			
1. Entity name:	2. PHAC registration number:		
3. Address (NOT a post office address):	4. City:	5. Province:	6. Postal Code:
7. Principal Investigator name First: MI: Last:	8. Responsible Official name First: MI: Last:		
9. Telephone #: 10. FAX #:	11. RO Telephone #:		
12. E-mail address:	13. RO E-mail address:		
SECTION B – SENDER INFORMATION			
13. Entity name:	14. <input type="checkbox"/> PHAC registration number: _____ <input type="checkbox"/> Clinical/diagnostic laboratory <input type="checkbox"/> Other: _____		
15. Address (NOT a post office address):	16. City:	17. Province:	18. Postal Code:
19. Responsible Official (RO): First: MI: Last:	20. Telephone #:		
21. FAX #:	22. E-mail address:		
SECTION C – LIST OF SELECT AGENTS AND TOXINS REQUESTED (attach additional sheets if necessary)			
23. Select agents and/or toxins to be transferred:			
A			
B			
C			
D			
E			
F			

I hereby certify that the information contained in Section 1 on this form is true and correct to the best of my knowledge. I understand that if I knowingly provide a false statement on any part of this form, or its attachments, I may be subject to investigation according to University policy and Canadian law.

Signature of Responsible Official: _____ Title: _____
 Typed or printed name of Responsible Official: _____ Date: _____



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EXPIRATION DATE: _____

SECTION 2 – TO BE COMPLETED BY SENDER					
SECTION D – LIST OF SELECT AGENTS AND TOXINS SHIPPED (attach additional sheets if necessary)					
	24. Select agents and/or toxins:	25. Characterization/Type of agent:	Number of vials:	27. Form (powder/liquid/slant):	28. Volume or wt of vial contents (e.g., mL, mg, ng):
A					
B					
C					
D					
E					
F					
SECTION E – SHIPPING INFORMATION					
29. Recipient Notified of Expected Shipment Date: First: MI: Last:		30. Date of notification:		31. Type of notification: <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Telephone	
32. Name of individual who packaged shipment: First: MI: Last:		33. Number of packages shipped:		34. Shipment Date:	
35. Package description (size, shape, description of packaging including number and type of inner packages):					
36. Name of carrier (If hand-delivered, please indicate and include name of individual):			37. Airway bill number/bill of lading number/tracking number:		

I hereby certify that the select agents and/or toxins were packaged, labeled, and shipped in accordance with TDG regulations and the information contained in Section 2 of this form is true and correct to the best of my knowledge.

Signature of Sender: _____ Title: _____

Typed or printed name of Sender: _____ Date: _____

SECTION 3 – TO BE COMPLETED BY RECIPIENT	
38. Name of individual who received shipment: First: MI: Last:	39. <input type="checkbox"/> Transfer Did Not Occur <input type="checkbox"/> Transfer Occurred/Date of Receipt:
40. The agents/toxins listed in Section 2 were received: <input type="checkbox"/> Yes <input type="checkbox"/> If no, explain discrepancy in separate attachment.	41. Shipment was packaged, labeled, and shipped in accordance with regulations: <input type="checkbox"/> Yes <input type="checkbox"/> If no, explain discrepancy in separate attachment.

I hereby certify that the information contained in Section 3 on this form is true and correct to the best of my knowledge.

Signature of Responsible Official: _____ Title: _____

Typed or printed name of Responsible Official: _____ Date: _____