

# BSP2 FORM

## AUTHORIZATION for the TRANSFER or TRANSPORT of BIOLOGICAL MATERIALS

Please check this box if any of the information contained is proprietary and/or sensitive.

E mail completed form to [uhpermit@hawaii.edu](mailto:uhpermit@hawaii.edu)  
For more information contact Biosafety Program: 956-3197

For Official UH Biosafety Program Use only

UH Biosafety Program Authorized Official Signature	
Approval Date _____	Transport Classification _____
Permit No.: _____	HDOA/CDC/USDA/ _____
_____	Other: _____

MTA Approval Date: \_\_\_\_\_

### SECTION 1. SHIPPER/CONSIGNEE

<b>A. Shipper's Name (PI/Designated Responsible Shipper):</b> _____	
Department: _____	Office Room No.: _____
Address: _____	Work Phone No.: _____
E-mail Address: _____	Fax No.: _____
Lab Location/Room No.: _____	

<b>B. Consignee/Receiver's Name:</b> _____	
Department: _____	Office Room No.: _____
Address: _____	Work Phone No.: _____
E-mail Address: _____	Fax No.: _____
Lab Location/Room No.: _____	

### SECTION 2. TRAININGS AND LAB INSPECTION DATE

Biosafety Training (ORC101)	Transport Awareness (ORC 103)	Category A and/or BBP (if applicable)	Biosafety Inspection	Export Control Training (if applicable)

### SECTION 3. TRANSACTION (Check all that apply)

- Import/Purchase                       Export ( State or  International)                       Biological Wastes/Sharps  
 Intra-state (within Hawaii)                       Intra-Entity (within UH)                       Complete Destruction  
 Dry Ice to Ship    Type of Preservative: \_\_\_\_\_                      Reason: \_\_\_\_\_  
 Expected Delivery Date: \_\_\_\_\_                      Courier Service: \_\_\_\_\_

### SECTION 4. DESCRIPTION OF BIOLOGICAL MATERIALS (Check all that apply)

- Microorganisms (Bacteria, Fungi, Virus, Protozoan, etc.)                       Diagnostic Specimen (Clinical, Testing)  
 Plant/Plant Parts (dry \_\_\_\_\_ fresh \_\_\_\_\_)                       Environmental Sample (Soil, Sediment, Water)  
 Recombinant Material/Synthetic Nucleic Acid                       Genomic Materials (protein, Ab/Ag)  
 Cell/Tissue Culture/Organ (Human, Animal)                       Animal: live/preserved: \_\_\_\_\_

Name/Scientific Name	Description (lyophilized, agar slant, liquid)	Quantity	Total Volume/Wt	Reason for Transport

### SECTION 5. UH PROTOCOL NO. AND PERMITS

IBC Protocol No.	IACUC Protocol No.	IRB Protocol No.	State Permit No./ Department	Federal Permit No./ Department