

BSP2 FORM
TRANSFER or TRANSPORT of
BIOLOGICAL MATERIALS

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

Scan completed form to 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: _____

PI Signature: _____

SECTION 1. SHIPPER/CONSIGNEE

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

B. Sender/Receiver Name: _____	
Department: _____	Office Room No.: _____
Address: _____	Work Phone No.: _____
E-mail Address: _____	Lab Location/Room No.: _____

SECTION 2. TRAININGS AND LAB INSPECTION

Indicate dates(must be within calendar year)

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 Witness Name: _____
- ☐ Dry Ice to Ship ☐ Preservative: _____ Reason: _____

SECTION 4. DELIVERY INFORMATION Purpose of Shipment: _____

Expected Delivery Date: _____ Courier Service: _____

SECTION 5. DESCRIPTION OF BIOLOGICAL MATERIALS (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Microorganisms (Bacteria, Fungi, Virus, Protozoan, etc.) | <input type="checkbox"/> Diagnostic Specimen (Clinical, Testing) |
| <input type="checkbox"/> Plant/Plant Parts (dry _____ fresh _____) | <input type="checkbox"/> Environmental Sample (Soil, Sediment, Water) |
| <input type="checkbox"/> Cell/Tissue Culture/Organ (Human, Animal) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Genomic Materials (protein, Ab/Ag) | <input type="checkbox"/> 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