

**BSP2 FORM**  
**TRANSFER or TRANSPORT of**  
**BIOLOGICAL MATERIALS**

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

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

Scan completed form to [biosafe@hawaii.edu](mailto:biosafe@hawaii.edu)

For more information contact Biosafety Program: 956-2285  
 For Official UH Biosafety Program Use only

**SECTION 1. SHIPPER/CONSIGNEE**

PI Signature: \_\_\_\_\_

<b>A. Sending PI or Responsible Shipper:</b>	
Department: _____	Office Room No.: _____
Address: _____	Work Phone No.: _____
E-mail Address: _____	Lab Location/Room No.: _____

<b>B. Receiving PI or Recipient:</b>	
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)**

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

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

**SECTION 6. UH PROTOCOL NO. AND PERMITS**

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

MTA Approval Date: