



## AUTHORIZATION TO ACQUIRE BIOHAZARDOUS MATERIAL

This form must be completed prior to acquiring any biohazardous material from any source, either by purchase from a commercial supplier or transfer from another institution. The form must be reviewed and signed by the Biosafety Officer before placing an order or bringing the material on campus. The person acquiring the material must be the holder of a valid Biosafety Certificate for the proper containment level issued by the OTU Biosafety Committee.

This form must be completed for each separate request to acquire material, irrespective of whether the material is listed on a current Biosafety Certificate or has been previously ordered. A separate form should be submitted for each agent requested.

If the material requested is not listed on the Biosafety Certificate, then a separate form "Request to Amend Biosafety Certificate" must be completed in addition to this "Authorization to Acquire Biohazardous Material" form.

### BIOSAFETY CERTIFICATE HOLDER INFORMATION

Name of Biosafety Certificate Holder: \_\_\_\_\_

Biosafety Certificate Number: \_\_\_\_\_ Biohazard Containment Level: \_\_\_\_\_

Room in which Material will be Stored/Used: \_\_\_\_\_

### MATERIAL INFORMATION

Agent Common Name: \_\_\_\_\_

Scientific Name/Species: \_\_\_\_\_

Risk Group: \_\_\_\_\_

Is the agent listed in one of the Schedules to Appendix 3 of the OTU Biosafety Manual?

Yes

No

If Yes, which Schedule: \_\_\_\_\_

ATCC Number (if applicable): \_\_\_\_\_

Is this material currently approved for use under your current Biosafety Certificate?  
(If no, please complete the "Request to Amend Biosafety Certificate Form")

Yes

No

**Type of Material:**

- Bacterium       Virus       Fungus       Toxin       Parasite
- Human tissues or cells       Animal Tissues or Cells
- Recombinant DNA/RNA       Other (specify) \_\_\_\_\_

**Form of Material:** \_\_\_\_\_

**Quantity:** \_\_\_\_\_

**SUPPLIER INFORMATION**

**Name of Supplier (Commercial company or institution; if an institution, provide name of contact person within that institution):**

\_\_\_\_\_

**CERTIFICATE HOLDER ACKNOWLEDGEMENT**

In signing this, I agree that the information provided in this form is complete and accurate, and that I will adhere to all OTU policies and procedures outlined in the OTU Biosafety Manual with respect to the acquisition, use, storage and handling of materials/ agents.

**Certificate Holder Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Laboratory Registration**       PHAC       CFIA

**Agent Listed on PHAC Schedule:**       No       Yes      **Schedule:** \_\_\_\_\_

**Compliance Officer Signature:** \_\_\_\_\_

**BIOSAFETY OFFICER APPROVAL**

**Biosafety Officer Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_