


BSP2-PERMIT
PROCUREMENT AUTHORIZATION FOR
BIOLOGICAL COMMODITIES

[] THIS TRANSACTION INVOLVES CONFIDENTIAL INFORMATION OR INTELLECTUAL PROPERTY

*Fax a copy of this form to
 OVCRGE at 956-3690 or email to uhpermit@hawaii.edu*

<p><i>For Official Use Only</i></p> <p>EHSO Lab Inspection Date: _____ Biosafety Training Date: _____ Shipping & Receiving Awareness Training Date: _____</p> <p>AUTHORIZATIONS: Research Compliance Officer: _____ UH Veterinarian: _____ IACUC Compliance Officer: _____</p> <p>Permit No.: _____</p>
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Section A - APPLICANT INFORMATION

Principal Investigator: _____
 E-mail Address: _____
 Address: _____
 Telephone No.: _____ Fax No.: _____
 Lab Room No.: _____ Lab Telephone No.: _____

Signature of Principal Investigator: _____ Date: _____

Section B – TRANSACTION	NEW	RENEWAL
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Import/Purchase Intrastate Shipment		Movement Possession
Export/Transfer MTA? Yes No		Project Termination Complete Destruction

Contact OTTED for assistance on Materials Transfer Agreements

Section C - DESCRIPTION OF BIOLOGICAL COMMODITY

Microorganism	Environmental Sample
Invertebrate Animal	Plant/Plant Parts
Vertebrate Animal (Non Biomedical)	Soil
-For Biomedical & Neuroscience; <i>Complete</i>	Tissue Culture Cell Line
<i>Animal Transfer form www.hawaii.edu/LAS</i>	Other _____

Common Name: _____
 Scientific Name: _____

Section D – UH PROTOCOL No. & PERMITS

IACUC Protocol No. : _____
 IBC Protocol No.: _____
 Federal Permit No. : _____
 State Permit No.: _____

** Submit current approved HDOA and or Federal import permit if you have not done so previously*

Section E - VENDOR/SHIPPER INFORMATION

Name of Company/Shipper/Vendor: _____
 Address: _____
 Telephone No.: _____ Fax No.: _____
 EXPECTED DELIVERY DATE: _____ Courier Service: _____