

**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*

<i>For Official Use Only</i>	
<input type="checkbox"/> Lab Inspection _____	<input type="checkbox"/> Biosafety Training: _____
<input type="checkbox"/> Shipping & Receiving Awareness Training Date: _____	
AUTHORIZATIONS:	
Research Compliance Officer: _____	
UH Veterinarian: _____	
Permit No.: _____	

Section A - APPLICANT INFORMATION (Principal Investigator)

Name: _____	Office Room No. _____
Department: _____	Work Phone No.: _____
Address: _____	Fax No.: _____
Email Address: _____	
Lab Location/Room No. _____	

Biosafety Training Date: _____	Shipping/Receiving Training Date: _____	EHSO Lab Inspection Date: _____

Signature of Principal Investigator: _____ **Date:** _____

Section B – TRANSACTION NEW REQUEST RENEWAL

<input type="checkbox"/> Import/ Purchase	<input type="checkbox"/> Possession
<input type="checkbox"/> Intrastate Shipment Where to? _____	<input type="checkbox"/> Project Termination
<input type="checkbox"/> Intra-Entity Transfer Where to? _____	<input type="checkbox"/> Complete Destruction
<input type="checkbox"/> Export/Transfer MTA required? <i>Contact OTTED for assistance on Materials Transfer Agreements</i>	Reason for Destruction: _____

Section C - DESCRIPTION OF BIOLOGICAL COMMODITY

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

Common Name	Scientific Name	Quantity	Reason for Import/Transfer

Section D – UH PROTOCOL No. & PERMITS

Fed/State Permits/Approvals	Protocol/ Permit No.	Principal Investigator/ Applicant	Description
IACUC Protocol			
IBC Protocol			
Federal Permit			
State Permit			

** 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: _____ Phone No.: _____
 EXPECTED DELIVERY DATE: _____ Courier Service: _____