

BSP-2 PROCUREMENT TRACKING
NON-PERMITTED BIOLOGICAL COMMODITIES

[] THIS TRANSACTION INVOLVES CONFIDENTIAL INFORMATION OR INTELLECTUAL PROPERTY

This forms is used only for non-permitted biological materials, for the purpose fur UH notification only –primarily for compliance with transportation requirements as well as Biosafety, LAS and OSHA. White copy is for BSP, Blue copy for lab file, and pink copy for DOT requirements (inventory).

1. **Principal Investigator/Designee Name:** _____
2. **Department/Unit:** _____ 3. **Telephone No.:** _____
4. **Building and Room No.:** _____ 5. **Facsimile No.:** _____
6. **Address:** _____ 7. **E-mail Address:** _____
8. **Lab Room No.:** _____ 9. **Lab Telephone No.:** _____
- Signature of Principal Investigator:** _____ **Date:** _____

DESCRIPTION OF BIOLOGICAL COMMODITY:

11. **Transaction:** a. [] Import/Purchase b. [] Transfer c. [] Export d. [] Movement
 e. [] Project Termination f. [] Complete Destruction

12. **Commodity:**

a. <input type="checkbox"/> HUMAN blood, blood products and other body fluids (<i>no known pathogens</i>) Whole blood, sera, plasma, dried blood spot, blood smear, white or red blood cells, platelets, urine, CSF, joint fluids, extracts, hybridomas, semen, hormones REQUIRES HIOSH BBP ECP	f. <input type="checkbox"/> VERTEBRATE ANIMAL Blood, tissues, and body fluids (<i>no known pathogens</i>) Urine, CSF, joint fluids, extracts, hybridomas, semen, hormones, REQUIRES IACUC/LAS simultaneous authorization.
b. <input type="checkbox"/> Antibody, antigens, proteins, and biological products pre-packaged kits and kit components (reagents, calibrators, controls) packaged for final use	g. <input type="checkbox"/> Environmental sample (<i>excluding those that may contain a biologics</i>) Soil, water, leaf litter, compost, sand, leaf litter, etc.
c. <input type="checkbox"/> Invertebrate Cell line, tissues (<i>No known pathogen or ATCC request</i>)	h. <input type="checkbox"/> Chemical synthesized biological materials
d. <input type="checkbox"/> Biological derived toxins (<i>excluding select agents</i>), drugs, vaccines Pharmaceuticals, venom,	i. <input type="checkbox"/> Plant and plant parts (<i>non-permitted only</i>) Dried, flora, plant tissue cultures, plantlets, callus, cutting, grafts
e. <input type="checkbox"/> Genomic material (<i>no Host</i>) Lyophilized, plasmid, DNA, RNA	j. <input type="checkbox"/> Preserved specimen (<i>dried, non viable, Formalin, alcohol, DMSO, liquid nitrogen</i>)
Specific Description:	Common Name:

VENDOR/TRANSFeree:

15. Federal Guideline No.: _____ 16. Article Type: _____
17. Name of Company/Transferee: _____
18. Address: _____
19. Telephone No.: _____ 20. Facsimile No.: _____
21. EXPECTED DELIVERY DATE: _____ 22. Courier Service: _____

EHSO-BIOSAFETY PROGRAM AUTHORIZATION

Biological Safety Officer: _____

DATE OF AUTHORIZATION: _____ COMMENTS: _____

SIGNATURES and DATES: UH Veterinarian: _____ IACUC Compliance Officer: _____

(AS REQUIRED) CHS: _____ OTTED: _____ Risk Management: _____