

BIOHAZARD DOMESTIC PURCHASE APPROVAL

This form is to be used to obtain Biosafety Officer (BSO) pre-approval for domestic (Canadian) purchase of human/animal/ plant microorganisms, cell lines and/or microbial toxin. If purchasing outside of Canada, complete Biohazard Import/Export approval.

PRINCIPAL INVESTIGATOR (PI) NAME:
EMAIL & PHONE EXTENSION:
DEPARTMENT NAME:
INTERNAL BIOHAZARD PERMIT NUMBER:
PROJECT # and TITLE:

Name of Vendor	Name of cell line/toxin/ microorganism including genus and strain. (The requested biohazard must be approved for use and/or storage within your permit. If not approved, complete a BSC -8 form to add the biohazard).			Risk Group	Human /animal/ plant pathogen
	Genus Name	Species (if applicable)	Strain (if applicable)		

Add pages if there is insufficient space. Please use separate lines for each pathogen or toxin.

I certify that all the information provided above is true and accurate.

Principal Investigator Signature with date: _____

This is to confirm that the above listed PI has approval to purchase the microorganism(s)/cell line(s)\toxin(s) listed in this request form and is currently conducting controlled activities in containment facilities in accordance to the Human Pathogen and Toxin act (HPTA) licence _____ at the University of Guelph.

Biosafety Officer Signature (dated)