

12. Is the material infectious to animals or humans? <input type="checkbox"/> Yes <input type="checkbox"/> No
13. If not infectious, does it meet the definition of a patient specimen*? ? <input type="checkbox"/> Yes <input type="checkbox"/> No
* Patient specimens are those collected directly from humans and animals, including but not limited to excreta, secret, blood and its components, tissue, and tissue fluid swabs and body parts being transported for purposes such as research, diagnosis, investigational activities, disease treatment and prevention. If yes, contact EHS for packaging instructions.
14. If shipping on dry ice, the following training is required: Traintraq course 211140: Dry Ice for Shipping - EHS
15. If transferring a chemical, does it meet the requirements of an explosive, gas, flammable, oxidizer, toxic, radioactive, corrosive, or environmentally hazardous substance? Contact EHS for help classifying the material. <input type="checkbox"/> Yes <input type="checkbox"/> No

Section II. – Requesting Party Information (“Recipient”)

1. Name of Recipient Organization:	
2. Address of Recipient Organization:	
3. Name of PI at Recipient Organization:	
4. Email of PI at Recipient Organization:	
5. Contact person at Recipient Organization for MTA purposes:	
6. Email of contract person for MTA purposes:	
7. What type of entity is Recipient Organization? (<i>check one below</i>) <input type="checkbox"/> for profit company <input type="checkbox"/> university or not-for-profit entity <input type="checkbox"/> federal/government agency <input type="checkbox"/> unknown/other	
8. How will the recipient use the Material/intended use?	
9. Does this Material contain a controlled substance, pathogens or other harmful biological agents subject to special guideline procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Do you want to charge the Recipient for the Material? <input type="checkbox"/> Yes; Provide amount - \$ _____ <input type="checkbox"/> Yes, for shipping only <input type="checkbox"/> No	

I affirm that my responses are complete and accurate. Except as identified and described in my responses above, to the best of my knowledge there are no obligations or third party rights in the Material that would be counter to or prevent the proposed transfer.

AgriLife PI Signature: _____

Printed Name: _____

Department: _____ Research Extension

Date: _____

Section III. – Approval - For Internal Use Only

This section for AgriLife Ethics and Compliance and Environmental Health and Safety Use Only

Restricted Party/ Entity Screening

Date of Screening: _____

Yes No Passed denied person/entity/embargoes list

Yes No Restrictions (If yes, explain)

Name Signature Date

Research Compliance

Date of Screening: _____

Yes No Passed biohazard screening

Yes No Restrictions (If yes, explain)

Name Signature Date

Safety Hazard Screening

Date of Screening: _____

Yes No Passed safety hazard screening

Yes No Restrictions (If yes, explain)

Name Signature Date