The Ottawa Hospital RESEARCH INSTITUTE | L'Hôpital d'Ottawa INSTITUT DE RECHERCHE

Biohazardous Material Transfer Notification

Supplier Information		Recipient Information	
Name of Institution or Facility:		Name of Institution or Facility:	
Name of Supplier :		Name of Recipient :	
Street Address:		Street Address:	
City:	Province (State):	City:	Province (State):
Country:	Postal (zip) Code:	Country:	Postal (zip) Code:
Phone:		Phone:	
Email:		Email:	
Licence number (non-commercial providers in Canada only):		Licence number (non-commercial providers in Canada only):	

Material to be transferred: Select appropriate category or categories and complete the table below

☐	Human Pathogen	☐	Aquatic Animal Pathogen
☐	Human tissues, cells, bodily fluids	☐	Plant Pathogen
☐	Animal Pathogen	☐	Biological Toxin
☐	Animal tissues, cells, bodily fluids	☐	SSBA Qty:
☐	Zoonotic Pathogen	☐	Animals

Identification and description of material(s) to be transferred (specific strain, ATCC#, if known):	Risk Group	In vivo (Y/N)	Containment Level
Strain: Type:	RG1	No	CL2
Strain: Type:	RG1	No	CL2
Strain: Type:	RG1	No	CL2
Strain: Type:	RG1	No	CL2

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Is a PSDS/SDS available for the material(s) (please attach) ☐ Yes ☐ No If no, explain or provide reference to product information (e.g. ATCC website, attach publication):		
Other than required PPE (as outlined in CL2 SOP) and the established Medical Surveillance program at the OHRI, is there additional PPE or Medical surveillance required? ☐ Yes ☐ No If yes, please explain:		
Was a Material Transfer Agreement (MTA) originally required to obtain the material?	☐	Yes
	☐	No
If **yes**, has permission to transfer been obtained from the original third party provider?	☐	Yes
	☐	No
Identification of dual-use potential		
Are you modifying the pathogen(s)? If the answer is **no** proceed to the next section.	☐	Yes
	☐	No
Will the pathogen(s) acquire any of these potential hazards? • increase in virulence • production of novel toxin • enhance communicability or transmissibility • alteration of host range • interfere, by-pass or diminish the effectiveness of diagnostic tools and therapeutic or prophylactic antimicrobial or antiviral treatment • enhance capacity for spreading or for easy release or making them "weapons-grade"	☐	Yes to any
	☐	No to all
If you answered **yes** to the previous question. If released, will the pathogen or research information pose threat to • aquatic animals, invertebrates? • terrestrial animals? • humans? • public safety? • national security?	☐	Yes to any
	☐	No to all

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Facility Information			
Room number(s)/name(s) where the material will be used and stored (as appropriate):			
In vitro use:	In vivo use:		
-80℃ storage:	LN_2 tank		
Is the recipient lab in compliance with the facility/institutional biosafety program and can it safely handle and store the transferred materials according to the HPTA/CBS/CBH (or International equivalent)?		☐	Yes
		☐	No
Method of treatment of material for the purposes of decontamination, sterilization, waste disposal and destruction: Surface Decontamination: Sterilization (equipment / tools): Solid Waste: Liquid Waste:			
Work objectives, proposed plan of work and additional pertinent information * **Category of work *** Scale Laboratory large scale >10L☐Yes☐No **Use of sharps *** (eg. Injection in mice)☐Yes☐No			

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For Canadian Academic Institutions Only – not Commercial or International Suppliers	
Supplier signatures	Recipient signatures
I undertake that the material comprising the pathogen will, in the event of its importation/transfer, be used in accordance with such terms and conditions as may be specified in the licence agreement and the Material Transfer Notification, and I certify that the material will, in the event, be manipulated an stored in the Containment Level stated above.	
Signature of Supplier: Date:	Signature of recipient: Date:
Biosafety Officer Name:	Biosafety Officer Name:
Biosafety Officer phone no:	Biosafety Officer phone no:
Biosafety Officer email:	Biosafety Officer email:
Signature of Biosafety Officer: Date:	Signature of Biosafety Officer: Date:

Please have completed BMTNs reviewed electronically by the OHRI Research Safety Office before acquiring signatures.

Signed copies of completed BMTNs are to be returned to the OHRI Research Safety Office via email only (OHRIresearchsafety@ohri.ca). Original documents are not required.