

**EXEMPT QUANTITY SELECT TOXIN TRANSFER FORM**

Toxin shipments are tracked through the [eShip Global Program](#)©. The original transfer form shall be retained by the Biosafety Office. Copies of this form are to be retained in the shipping as well as the receiving laboratories.

Toxin Name: \_\_\_\_\_

Concentration: \_\_\_\_\_

Volume Transferred: \_\_\_\_\_

**Sender:**

Principal Investigator Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Institution: \_\_\_\_\_

Department: \_\_\_\_\_

**Recipient:**

Principal Investigator Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Recipient's desired use of toxin: \_\_\_\_\_  
\_\_\_\_\_

Contact EH&S Biosafety at 413-545-2682 before transferring to another investigator.

Principal Investigator (print name): \_\_\_\_\_

Principal Investigator (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Biosafety Officer (signature): \_\_\_\_\_ Date: \_\_\_\_\_