

Intake Form for Material Transfer Requests

Please submit your completed form to: PHOL_Research@oahpp.ca

Legal Name of Recipient Organization:

Name of Requester:

Phone Number:

Email:

Number and type of material(s) requested:

Volumes/quantities required, if applicable:

Purpose:

QA/QC/Validation:

Education:

Research*:

Recipient name, title, telephone number and full address (including room number, if applicable):

Recipient Scientist[#] (medical or scientific staff overseeing the Recipient) name, title, telephone number and full address:

Courier information (name and account number) if PHO does not regularly courier samples to your location:

Date Required by (yyyy/mm/dd):

Please attach the following documents:

PHAC HPTA Licence; or confirmation of exemption from the requirement to hold a licence in accordance to the Human Pathogens and Toxins Regulations

Or

Import Permit, if applicable

*If your request is for research purposes, please include its Research Ethics Approval Letter, as provided by your organization; or, for research not involving human participants, data or biological samples, a document confirming its exemption.

#Recipient and Recipient Scientist may be the same person, providing that the Recipient Scientist is a medical or scientific staff.

Please note that there may be a cost recovery charge associated with your request.