

Intake Form for Material Transfer Requests



Legal Name of
Recipient
Organization:

Name of
Requestor:

Phone Number:

E-mail:

Material
Requested:

Primary Specimen
Cultured Isolate
Extracted Nucleic Acid
Prepared Slides
Other

Type of material(s) requested. Please include number, volumes/quantities required, if applicable:

Purpose:

QA/ QC/ Validation

Education

Research

Please describe what the material requested will be specifically used for (i.e. work intent):

Recipient Information (Medical/scientific staff working with the material)

Name:

Title:

Phone Number:

E-mail:

Full Address (include room number, if applicable):

Recipient Institution Information (Staff that oversees the Recipient Scientist and is an authorized representative with the authority to legally bind the institution to the terms of the agreement)

Name:

Title:

Phone Number:

E-mail:

Full Address (include room number, if applicable):

The recipient/ recipient institution should notify their BSO about the transfer materials falling under HPTA and the intended transfer before making any arrangements. They must also ensure that all facility requirements are met.

Biosafety Information:

Biosafety Officer
(BSO) Name:

BSO E-mail:

BSO Phone
Number:

Full address (include room number, if applicable)

Canadian
Laboratory:

CL2

CL2+

CL3

CL4

PHAC Licence
Number:

Expiry Date:

Supporting Documents

Please attach one of the following documents along with your submission:

If you are requesting samples for "Research" purposes, please include of the following documents along with your submission:

Research Ethics Approval Letter

Research Ethics Approval - Exemption

Courier Information

Courier Name:

Courier Account
Number:

Does PHO Toronto regularly courier samples to your location?

Yes

No

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

Please submit your completed form to PHOL_Research@oahpp.ca

For PHO Use Only:

MTA Checklist

MTA File Number:

PHOL Contact:

Impact Assessment and Details:

Facilities: PHOL- Toronto FTE: In-kind (Clinical) Equipment: N/A Reagents: N/A IT: N/A

Safety Criteria: Materials to be transported in accordance with TDG/IATA regulations

Request Feasibility

If adjustments are needed to fulfill the request, please specify below:

Cost Recovery: Yes No If yes, Pricing (CAD):

Review and Approvals:

Biosafety Officer/ Director

Medical/Clinical Microbiologist

Deputy Chief, Microbiology & Laboratory Services

Date

Date

Date