

# Material Transfer Requests Intake Form

Updated: April 2026

## Instruction

Provide required information below, as a referral laboratory, providing testing services for Public Health Ontario's laboratory.

If you have concerns or questions about filling-out this form, send an email to [PHOL\\_Research@oahpp.ca](mailto:PHOL_Research@oahpp.ca).

Send completed copy to the sender of this form and cc: [PHOL\\_Research@oahpp.ca](mailto:PHOL_Research@oahpp.ca).

## General Information

Legal Name of Recipient Organization:

Name of Requestor:

Tel:

Email:

Material Requested:

Primary Specimen

Extracted Nucleic Acid

Cultured Isolate

Prepared Slides

Other Specify:

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)

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Tel: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_ Room Number (if applicable): \_\_\_\_\_

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**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)

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Tel: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_ 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.**

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**Biosafety Information**

Biosafety Officer (BSO) Full Name: \_\_\_\_\_  
BSO Tel: \_\_\_\_\_ BSO email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_ 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

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**Courier Information**

Courier Full Name:

Courier Account Number:

Does PHO Toronto regularly courier samples to your location?:            Yes            No

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

Please submit your completed form to [PHOL\\_Research@oahpp.ca](mailto:PHOL_Research@oahpp.ca).

**For PHO Use ONLY**

# MTA Checklist

MTA File Name:

PHOL Contact:

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## 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):

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## Review and Approvals:

\_\_\_\_\_

Biosafety Officer / Director

\_\_\_\_\_

Medical / Clinical Microbiologist

\_\_\_\_\_

Deputy Chief, Microbiology & Laboratory Services

Date:

Date:

Date:

For more information, visit [publichealthontario.ca](http://publichealthontario.ca)

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