**Sender Instructions: a) Answer all items in Section 1.**

 **b) Obtain completion of Section 2 by intended recipient.**

 **c) Electronically submit Sections 1 & 2 to Virginia Tech’s Responsible Official [ren@vt.edu] and**

 **Alternate Responsible Official [akroner@vt.edu]**

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| **Section 1 – TO BE COMPLETED BY THE SENDER** |

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| **SENDER INFORMATION** |
| Entity name: Click here to enter text. |
| Address: Click here to enter text. |
| City, State, Zip Code: Click here to enter text. |
| Principal Investigator (PI) name:Click here to enter text. | Responsible Official (RO):Charlotte Waggoner |
| Principal Investigator (PI) Telephone #:Click here to enter text. | RO Telephone #:540-231-5864 |
| Principal Investigator Email Address:Click here to enter text. | RO Email Address:ren@vt.edu |
| Name of individual at recipient facility notified of expected shipment:  Click here to enter text. | Notification Date:Click here to enter text.  | Notification (email/fax/phone):Click here to enter text. |
| Name of individual who packaged shipment:Click here to enter text. | Number of packages:Click here to enter text. | Shipment Date:Click here to enter text. |
| Package description (size, shape, type of packaging):Click here to enter text. |
| How shipped (name of carrier, hand-delivered, etc.):Click here to enter text. |
| **LIST OF TOXINS SHIPPED (attach additional sheets if necessary)** |
|  | Toxins: | # of items | Form (powder/liquid) | Volume or weight of contents per item |
| 1. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 2. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 3. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 4. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 5. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 6. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 7. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

I hereby state that I have performed due diligence in assessing the legitimacy of need of the recipient to handle or use the toxins requested for transfer. I certify that the toxins were packaged, labeled and shipped in accordance with all federal and international regulations. I have reviewed the information contained in this form, and certify it to be true and correct to the best of my knowledge. I understand that if I knowingly provide a false statement on any part of this form, I may be subject to criminal fines and/or imprisonment.

Signature of Sender:­­ Click here to enter text. Date Signed: Click here to enter text.

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| **Section 2 – TO BE COMPLETED BY THE RECIPIENT** |

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| **RECIPIENT INFORMATION** |
| Entity name: Click here to enter text. |
| Address: Click here to enter text. |
| City: Click here to enter text. | State: Click here to enter text. | Zip Code:Click here to enter text. |
| Name of Recipient:Click here to enter text. | Position:Click here to enter text. |
| Responsible Official (RO) or facility director:Click here to enter text. | RO/Facility Director Telephone #:Click here to enter text.RO/Facility Director Email Address: Click here to enter text. |
| Name of individual at recipient facility to be notified of shipment date:  Click here to enter text. | Notification Telephone #:Click here to enter text.Notification Email Address: Click here to enter text. |
| Describe how you intend to use of the requested toxin(s):Click here to enter text. |
| Describe how the requested toxins will be handled and stored:Click here to enter text. |
| Describe inventory methods and security provisions for the requested toxins:Click here to enter text. |
| **LIST OF TOXINS REQUESTED (attach additional sheets if necessary)** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |

I hereby certify that the information I have provided on this form is true and correct to the best of my knowledge. I understand that if I knowingly provide a false statement on this form, or its attachments, I may be subject to criminal fines and/or imprisonment.

Signature of Recipient:­­ Click here to enter text. Date Signed: Click here to enter text.