**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** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.