



Cornell University

Form

Title: Select Toxin Transfer Under Permissible Amounts Due Diligence Form

Section A

It is the responsibility of the recipient to complete all questions or put "none" or "not applicable" in the spaces provided.

Recipient Information

Name of Institution:
Address:
City/State/Zip Code:
Recipient Name:
Phone Number:
Email Address:

Select Toxin(s) Information

	Name of Select Toxin(s) Requested:	Amount of Select Toxin(s) Requested:
1.		
2.		
3.		
4.		

Current Amount of Select Toxin(s) in Recipient Facility:

1.	
2.	
3.	
4.	

Intended use of Select Toxin(s):

Recipient Signature

Signature of Recipient:
Printed Name of Recipient:
Title:
Date:

Section B

It is the responsibility of the sender to complete all questions or put "none" or "not applicable" in the spaces provided.

Sender Information

Name of Institution:
Address:
City/State/Zip Code:
Sender Name:
Phone Number:
Email Address:

Select Toxin(s) Information

Name of Select Toxin(s) Shipped:	Amount of Select Toxin(s) Shipped:
1.	
2.	
3.	
4.	

Sender Signature

I hereby certify that the select toxins listed above were packaged, labeled, and shipped in accordance with all federal and international regulations. All information in this form is true and correct to the best of my knowledge. I understand that violations of 7CFR 331, 9CFR 121, and 42 CFR 73 may result in civil or criminal penalties, including imprisonment.

Signature of Sender:
Printed Name of Sender:
Title:
Date:

Section C

Biosafety Office Signature

The above transfer of excluded quantities of select toxins has been reviewed and approved by the Cornell EHS Biosafety Office.

Signature from Biosafety Office:
Printed Name from Biosafety Office:
Title:
Date: