



Exempt Quantities of Select Agent Toxin Transfer Form

Toxin Name: _____
Concentration: _____
Volume Transferred: _____

Sender:

Principal Investigator Name: _____
Phone Number: _____
Email: _____
Address: _____
Institution: _____
Department: _____

Recipient:

Principal Investigator Name: _____
Phone Number: _____
Email: _____
Address: _____
Institution: _____
Department: _____

Recipient's desired use of toxin:

Principal Investigator Signature: _____ Date: _____

If you have any questions or concerns, please contact the Harvard EH&S Biosafety department by phone at (617) 432-1720 or by email at biosafety@harvard.edu