

Biosafety Submission Checklist

THE MATERIAL

- ☐ Blood amounttube (.....ml/tube)
- ☐ Infected (Please specified) ☐ Not Infected
- ☐ Plasma amounttube (.....ml/tube)
- ☐ Infected (Please specified) ☐ Not Infected
- ☐ Serum amounttube (.....ml/tube)
- ☐ Infected (Please specified) ☐ Not Infected
- ☐ Buffy coat amounttube (.....ml/tube)
- ☐ Infected (Please specified) ☐ Not Infected
- ☐ Tissue amounttube (.....unit/tube)
- ☐ Infected (Please specified) ☐ Not Infected
- ☐ Microorganism (Please specified)amount.....
- ☐ Other (Please specified) amount.....
- ☐ Infected (Please specified) ☐ Not Infected

If infected Please Attach

- ☐ Material Transfer Agreement.
- ☐ Pathogen and Animal Toxins Act
- ☐ **Form E: Form for shipping Pathogens/Genetically Modified Organism between the Institutions**