

BUA/BIOLOGICAL MATERIAL TRANSFER FORM
UCSF BIOSAFETY PROGRAM

Date transfer is effective: _____

Reason for the transfer:

BUA transferred from (PI name):	BUA transferred to (PI name):
Biological Material(s) transferred from (PI name):	Biological Material(s) transferred to (PI name):
BUA#:	BUA#:
Locations materials taken from:	Locations materials taken to (note if a room has a biosafety cabinet, autoclave or other safety equipment):
PI Signature: _____	PI Signature: _____

If biological materials are to be transferred, please provide the following information (attach additional page(s) if needed):

Biological Material	Risk Group	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If the work is similar in hazard, containment, and safety provisions, or is approvable by the BSO, the BSO might be able to approve the transfer on behalf of the IBC. If not, the IBC will review the amended BUA to ensure that the receiving PI is properly prepared to assume the work.

 DSA Review

 Date

 Approved By BSO

 Date