# EHRS Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ESAR Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# penn_fulllogo

# REQUEST TO TRANSFER EXEMPT AMOUNTS OF A SELECT AGENT

Principal Investigator:       Penn ID#:       Position Title:

School:       Department:

Mailing Address:       Mail Code:

Telephone:       FAX:       E-mail:

Date of Request:       Location of lab(s):

**AGENT INFORMATION**

1. Name of Select Agent:
2. Concentration / Amount of Select Agent:
3. Justification Statement:
4. Name of Principal Investigator (PI) receiving Select Agent:

|  |  |
| --- | --- |
| **Name** | **Penn ID** |
|       |       |

**TRANSFER TO COLLEAGUES OUTSIDE OF PENN IS PROHIBITED**

**SIGNATURE**

 Your signature below indicates that **YOU** acknowledge all requirements and restrictions of the most current **Select Agent Program** guidelines and that you accept responsibility for the safe, compliant transfer of an exempt amount of the **Select Agent** noted above, and that **YOU** have confirmed that the recipient investigator is knowledgeable regarding all requirements and restrictions delineated in the current **Select Agent Program** guidelines.

**Signature of Principal Investigator (TRANSFEROR):**  **Date:**

**Signature of Principal Investigator (TRANSFEREE):**  **Date:**

***--DO NOT WRITE BELOW THIS LINE--***

**RO / ARO ACTION**

[ ]  Allow Transfer [ ]  Deny Transfer

 Date:

 RO / ARO Signature:

 Print Name: