

Toxin Transfer Form

Date of Request: MM/DD/YY

Applies To: UM Employees responsible for maintaining and working with exempt amounts of select agent toxins requesting to transfer the select agent toxin within U-M or outside U-M.

Internal Transfer

Laboratory Director Approved for Toxin: [Click here to enter text.](#)

Laboratory Room Number(s): [Click here to enter text.](#) Department: [Click here to enter text.](#)

Building: [Click here to enter text.](#)

| | | |
|---|---|--|
| Phone: <u>Click here to enter text.</u> | Fax: <u>Click here to enter text.</u> | E-mail: <u>Click here to enter text.</u> |
|---|---|--|

External Transfer Institution

Name of Biosafety Officer for Institution: [Click here to enter text.](#)

Laboratory Director that Toxin(s) will be transferred to: [Click here to enter text.](#)

Laboratory Room Number(s): [Click here to enter text.](#) Department: [Click here to enter text.](#)

Building: [Click here to enter text.](#)

| | | |
|---|---|--|
| Phone: <u>Click here to enter text.</u> | Fax: <u>Click here to enter text.</u> | E-mail: <u>Click here to enter text.</u> |
|---|---|--|

Under the CDC regulations, certain listed toxins are exempt from the Select Agent registration provided that the Lab Director (LD) does not at any time possess more than the following aggregate amount of toxin. Laboratories using quantities of toxins below federally established thresholds are required to follow the procedures outlined in this standard operating procedure. LDs in possession of any of the toxins listed below, **must** complete the [EHS Toxin Declaration Form](#)

Exempt Select Agent Toxins

The following select agent toxins and the exempt amount that can be used:

NOTE: If a LD seeks to possess more toxin than the exempt quantity, prior approval from the Responsible Official (RO) and the Federal Select Agent Program **must** be obtained before acquiring the material.

Check box for each toxin possessed that will be transferred and list amount of transfer below.

| | HHS Toxin | Max Amount | Transfer Amount |
|--------------------------|--|------------|--------------------------------------|
| <input type="checkbox"/> | Abrin | 100 mg | Click here to enter transfer amount. |
| <input type="checkbox"/> | Botulinum neurotoxins | 1 mg | Click here to enter transfer amount. |
| <input type="checkbox"/> | Short, paralytic alpha conotoxins | 100 mg | Click here to enter transfer amount. |
| <input type="checkbox"/> | Diacetoxyscirpenol (DAS) | 10,000 mg | Click here to enter transfer amount. |
| <input type="checkbox"/> | Ricin | 1,000 mg | Click here to enter transfer amount. |
| <input type="checkbox"/> | Saxitoxin | 500 mg | Click here to enter transfer amount. |
| <input type="checkbox"/> | Staphylococcal enterotoxins (Subtypes A, B,C, D and E) | 100 mg | Click here to enter text. |
| <input type="checkbox"/> | T-2 toxin | 10,000 mg | Click here to enter transfer amount. |
| <input type="checkbox"/> | Tetrodotoxin | 500 mg | Click here to enter transfer amount. |

To be completed by U-M EHS Biosafety (assurances that toxin transfer approval may be granted):

- ☐ Approved IBC application on file for toxin requested
- ☐ General lab safety training documented
- ☐ Lab specific training documented for work with toxin
- ☐ Current lab safety and biosafety inspection on file
- ☐ Toxin Declaration Form on file for both parties
- ☐ **Request rejected (reason):**

U-M EHS Biosafety Signature of Approval: _____ Date: _____