

APPLICATION FOR REQUEST OF AN EXCLUDED SELECT TOXIN

**Montana State University Transfer of Excluded Select Toxins
is in accordance with [42 CFR §73](#).**

1) Recipient (Name, organization, complete, address, telephone, email address and fax number of individual who will receive and be responsible for the toxin)

2) Transferor: (Name and Address)

3) Describe the toxin to be shipped (Toxin name, amount to be transferred, and date of expected transfer)

4) What is the proposed use of this toxin? (Also, describe facilities/biosafety procedures and attach any relevant Biosafety protocols that have been approved by your Institutional Biosafety Committee)

5) Do you already have the requested toxin in your possession?	
6) Have you ever received/requested this toxin in the past? If yes, how often do you receive this toxin?	
7) Will you be using the toxin for its intended propose as you describe in question 4 or are you planning to give the toxin to someone else?	
I certify that this toxin will be used in accordance with 42 CFR 73 and I have a legitimate need (i.e., reasonably justified by a prophylactic, protective, bon fide research, or other peaceful purpose) to handle or use such toxin.	
8) Signature of Recipient	9) Typed Name and Title
10) Date	IBC Approval Date: