ENVIROMENTAL HEALTH AND RADIATION SAFETY DEPARTMENT
APPLICATION FOR SELECT BIOLOGICAL AGENTS PROCUREMENT
(SBA-7)

1. Authorized Select Biological User Signature: _______________ Print Name ______________________ Date ______

2. Name(s) of all persons to use SBA:
   ____________________________ Phone ________
   ____________________________ Phone ________

All persons listed above must be registered as Select Biological Agent workers with EHRS

3. Location of Use: Building __________________ Room(s) ______________

4. SBA name: _______________ Amount: _______________

5. Supplier ___________________ Name of institution_________________
   (vendor or individual)

6. Indicate current amount in possession: _________
   stock vial I.D. numbers: _______________

7. Remarks: ____________________________ Date Required: ____________

This form must be accompanied by an approved departmental short order purchase requisition for the orders < $1000.00. For all other orders an approved purchase requisition must be attached.

-----------------------------------------------------
EHRS PERSONNEL ONLY
-----------------------------------------------------

Approved after Committee Action ______________________ Date : ____________
Date Received ____________________ Time of survey ____________________ Lot # ____________
____ The package does not have any sign of visual damage,
____ Packing slip is in agreement with order information that the contents are verified
   ____ SBA name , ___ amount, ___ name of ABU
EHRS staff: Signature ____________________________ Date : ______________

________________________

Received and placed in authorized storage location by:

Signature: ____________________________ Print Name: ______________
   ABU or BW
Date: ______________________

REMARKS: