

EHRS VIAL TRACKING # _____

PURCHASE ORDER# _____

**ENVIRONMENTAL 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:

