**MATERIAL TRANSFER FORM**

Researcher:

Material Transfer #:

Date:

1. What is the name and/or chemical composition?
2. Does it require any special handling/storage? Yes       No
3. In what building and room will it be located?
4. Does the use of the material require compliance committee approval? Yes       No
5. Will you agree to be bound by the terms set forth in the supplier's agreement? Yes
6. Will you be responsible for the proper use and disposal of this material? Yes

Return this form to: Bonnie Zakotnik, bzakotni@xula.edu, and

 Raymond Brown, rbrown@xula.edu