

Inactivation Transfer Protocol Effective June 30, 2017, updated 2.2022

For Select Agents and Select Nucleic Acid(s) being transferred to a lower biosafety level or to unregistered space (recommended for all inactivation transfers):

- a. **BEFORE** transferring inactivated select agent material (bacteria, viruses, nucleic acids, sera, tissue, toxin, etc.), the Transferor will perform and attach a validated inactivation protocol approved and signed by Select Agent Responsible Official (Rebecca Moritz) or by an Alternate Responsible Official (Heather Blair, Nicole Marlenee).
- b. You **MUST** have a numbered and approved validation inactivation procedure with the validation data (viability testing protocol) attached to this form for each transfer of unique select agent/ strain or toxin that is inactivated and removed from a select agent registered area.
- c. Obtain the Colorado State University Inactivation Certificate below.
<https://drive.google.com/file/d/0BzRT2XYL-3jhWVZBalZEc0IRWFE/view>
- d. Fill in the appropriate blanks on the Inactivation Certificate.
 - i. NOTE: The inactivation method (procedure) must have Responsible Official (RO) or Alternate Responsible Official (ARO) approval **BEFORE** transferring inactivated samples from a CSU select agent/ toxin registered area/lab to a non- select agent/ toxin registered lab.
 - ii. The samples must be packaged in accordance with the Material Transfer Procedure when transporting the samples to another location.
- e. At the time of the transfer, the inventory forms must be updated to show:
 - i. Removal of items from the inventory form of the Transferor
- f. The Transferor, Requestor, and RO will add copies of the completed form to the inactivation transfer file as a record of the transfer.
- g. These files will be available for audit by the RO/ARO and by the CDC or other inspecting agencies as necessary, and must be kept for a minimum of three years.

Colorado State University Inactivation Certificate

Note: During the inactivation and transfer process, person(s) conducting the transfer MUST have and MUST follow the approved inactivation protocol for that select agent/ toxin.

Inactivated Select Agent(s)/ Toxin(s) to be Transferred:

Strain(s)/ Characteristics:

Inactivation Method Used (number with procedure):

Inactivation Validation Attached: YES NO

Name of the individual(s) who performed the validated inactivation (and viability testing as applicable) and the date(s) performed:

Location(s) where the validated inactivation (and viability testing as applicable) were completed (Building/ Lab Number):

Transferred to (Building/ Lab Number):

of Vials:

Quantity Transferred (volume):

Date of Transfer:

Printed and Signed Name of Sending Principal Investigator:

Printed and Signed Name of Recipient:

Comments:

Send copy to RO/ARO (Rebecca.Moritz@colostate.edu; heather.blair@colostate.edu; Nicole.Malrenee@colostate.edu)