



# University of South Carolina Due Diligence Form

For Transfer of Select Agents Below the Permissible Amount Within the United States

## Purpose:

“Due diligence” must be conducted and documented when transferring HHS biological toxins to other individuals. Sections [42 CFR §§ 73.3\(d\)\(7\)\(i\)](#) and [73.16\(l\)](#) of the Federal Select Agent Program (FSAP) require the transferor of select toxins to use “due diligence” when transferring an amount otherwise excluded under the provisions of §73.3(d). This provision requires a transferor to take reasonable actions to ensure that the recipient:

- Is eligible to receive the select toxin (principal investigator, treating physician or veterinarian, or commercial manufacturer or distributor).
- Has a legitimate need (i.e., reasonably justified by a prophylactic, protective, bona fide research, or other peaceful purpose) to handle or use such select toxins.

The Select Agent Regulations (SAR) also requires the transferor to report to FSAP immediately if they detect a known or suspected violation of Federal law or become aware of suspicious activity related to the select toxin. FSAP developed this provision to address the concern that someone might stockpile select toxins by receiving multiple orders below the excluded amount.

## Transferor Instructions:

1. Complete all information in Section 1
2. Send this form to the recipient to complete Section 2. Request for them to return the form to you.
3. Email completed form to the Biological Safety Officer, [smiths69@mailbox.sc.edu](mailto:smiths69@mailbox.sc.edu) and save a copy for your records.

## Section 1: USC Transferor Information (To be completed by the transferor)

Principal Investigator (PI) Name:	
PI Email Address:	
PI Telephone Number:	
PI Department:	

## Toxin Information:

Toxin to be transferred:		Date of Transfer:	
Amount to be transferred (include units):			

*I have exercised due diligence prior to the transfer of the select toxin listed above and have verified that the recipient has a legitimate need for the select toxin. I have reviewed the information contained in this form and certify it to be true and correct to the best of my knowledge. I will ship the material in accordance with IATA and DOT shipping regulations and USC policies.*

Transferor's Name:

\_\_\_\_\_

Print

\_\_\_\_\_

Signature

\_\_\_\_\_

Date Signed

## Section 2: Recipient Information (To be completed by the recipient)

Recipient's Name:	
Position:	
Institution and Department:	
Address (include city, state, zip code):	
Telephone Number:	
Email Address:	
Intended Use of Toxin Being Transferred:	

*I hereby certify that the information I have provided on this form is true and correct to the best of my knowledge. I also certify that I will not stockpile select toxins by receiving multiple orders below the excluded amount.*

Recipient's  
Name:

\_\_\_\_\_

Print

\_\_\_\_\_

Signature

\_\_\_\_\_

Date Signed