

The University of Western Ontario
BIOLOGICAL AGENTS REGISTRY FORM
Approved Biohazards Subcommittee: August 12, 2011
Biosafety Website: www.uwo.ca/humanresources/biosafety/

This form must be completed by each Principal Investigator holding a grant administered by the University of Western Ontario (UWO) or in charge of a laboratory/facility where the use of Level 1, 2 or 3 biological agents is described in the laboratory or animal work proposed. The form must also be completed if any work is proposed involving animals carrying zoonotic agents infectious to humans or involving plants, fungi, or insects that require Public Health Agency of Canada (PHAC) or Canadian Food Inspection Agency (CFIA) permits.

This form must be updated at least every 3 years or when there are changes to the biological agents being used.

Containment Levels will be established in accordance with Laboratory Biosafety Guidelines, 3rd edition, 2004, Public Health Agency of Canada (PHAC) or Containment Standards for Veterinary Facilities, 1st edition 1996, Canadian Food Inspection Agency (CFIA).

Electronically completed forms are to be submitted to Occupational Health and Safety, (OHS), (Support Services Building, Room 4190 or to jstanle2@uwo.ca) for distribution to the Biohazards Subcommittee. For questions regarding this form, please contact the Biosafety Officer at extension 81135 or biosafety@uwo.ca. If there are changes to the information on this form (excluding grant title and funding agencies), contact Occupational Health and Safety for a modification form. See website: www.uwo.ca/humanresources/biosafety/.

Please ensure that all questions are fully and clearly answered. Failure to do so will lead to the form being returned, which will cause delays in your approval and frustration for you and your colleagues on the Committee.

If you are re-submitting this form as requested by the Biohazards Subcommittee, please make modifications to the form in bold print, highlighted in yellow. Please re-submit forms electronically.

PRINCIPAL INVESTIGATOR:	Brock Fenton
DEPARTMENT:	Biology
ADDRESS:	1151 Richmond Street, London, Ontario, Canada, N6A 3K7
PHONE NUMBER:	519 661-2111 x 81349
EMERGENCY PHONE NUMBER(S):	519 661-2111 x 81349
EMAIL:	bfenton@uwo.ca

Location of experimental work to be carried out :

Building : Collip	Room(s): 104
Building : _____	Room(s): _____
Building : _____	Room(s): _____

***For work being performed at Institutions affiliated with the University of Western Ontario, the Safety Officer for the Institution where experiments will take place must sign the form prior to its being sent to the University of Western Ontario Biosafety Officer (See Section 15.0, Approvals).**

FUNDING AGENCY/AGENCIES: NSERC

GRANT TITLE(S): Behavioural ecology of bats

UNDERGRADUATE COURSE NAME(IF APPLICABLE): _____

List all personnel working under Principal Investigators supervision in this location:

Name	UWO E-mail Address	Date of Biosafety Training
Colin Hayward	chaywar3@uwo.ca	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please explain how the biological agents are used in your project and how they are stored and disposed of. The BARF without this description will not be reviewed.

The plant samples will be used for comparison. As such, they will be viewed under a dissecting microscope and compared to similarly viewed plant samples. Samples will be kept as dried herbarium vouchers (pressed and dried plants). These vouchers will be stored in a box out of direct sunlight, at room temperature, on a shelf. Other plant samples may be frozen and kept in a freezer in the lab. Specimens will be disposed of by burning.

**Please include a ONE page research summary or teaching protocol in lay terms.
Forms with summaries more than one page will not be reviewed.**

These materials will be used for a graduate student's masters thesis research. The project is entitled Ecosystem services and conservation of the endemic Jamaican fig-eating bat, *Ariteus Flavescens*. It is divided into three main components. The first is dietary analysis, the second is home range and the third is roost ecology. The plant materials mentioned in this application will be used for the dietary analysis component.

The purpose of collecting the plant material is to have them as a library for comparison. Under a dissection microscope, seeds collected from bat guano in Jamaica will be examined and compared to this reference library. Thus we will determine what species are eaten by the bats, leading to possible conclusions about ecosystem services.

All seeds collected from bat guano will be washed in ethanol and be prepared to meet the same phytosanitary requirements as the reference herbarium vouchers this application is requesting to bring onto campus. The seeds will be kept in microcentrifuge tubes and the vouchers will be kept as plant presses.

Here is a stepwise description of the use of the plant materials.

- 1. Collect, press, and dry plant materials in Jamaica**
- 2. Ship these materials to Canada (no CFIA permits required)**
- 3. Refer to seeds of collected specimens as I identify collected fruit carried by bats and washed seeds from guano**
- 4. Keep seeds frozen until used and return to freezer when finished**
- 5. Dispose of these materials as prescribed by the Material Transfer Agreement given by NEPA, Jamaica (burn or return)**

1.0 Microorganisms

1.1 Does your work involve the use of biological agents? YES NO
 (non-pathogenic and pathogenic biological agents including but not limited to bacteria and other microorganisms, viruses, prions, parasites or pathogens of plant or animal origin)? If no, please proceed to Section 2.0

Do you use microorganisms that require a permit from the CFIA? YES NO

If YES, please give the name of the species _____

What is the origin of the microorganism(s)? _____

Please describe the risk (if any) of escape and how this will be mitigated:

Please attach the CFIA permit.

Please describe any CFIA permit conditions:

1.2 Please complete the table below:

Full Scientific Name of Biological Agent(s)* (Be specific)	Is it known to be a human pathogen? YES/NO	Is it known to be an animal pathogen? YES/NO	Is it known to be a zoonotic agent? YES/NO	Maximum quantity to be cultured at one time? (in Litres)	Source/Supplier	PHAC or CFIA Containment Level
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3

**Please attach a Material Safety Data Sheet or equivalent from the supplier if the bacterium used is not on this link:
http://www.uwo.ca/humanresources/docandform/docs/ohs/CFIA_Ecoli_list.pdf*

Additional Comments: _____

2.0 Cell Culture

2.1 Does your work involve the use of cell cultures? YES NO
 (If NO, please proceed to Section 3.0)

2.2 Please indicate the type of primary cells (i.e. derived from fresh tissue) that will be grown in culture:

Cell Type	Is this cell type used in your work?	Source of Primary Cell Culture Tissue	AUS Protocol Number
Human	<input type="checkbox"/> Yes <input type="checkbox"/> No		Not applicable
Rodent	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Non-human primate	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

2.3 Please indicate the type of established cells that will be grown in culture in:

Cell Type	Is this cell type used in your work?	Specific cell line(s)*	Containment Level of each cell line	Supplier / Source of cell line(s)
Human	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Rodent	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Non-human primate	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**Please attach a Material Safety Data Sheet or equivalent from the supplier. (For more information, see www.atcc.org)*

2.4 For above named cell types(s) indicate PHAC or CFIA containment level required 1 2 2+ 3

Additional Comments: _____

3.0 Use of Human Source Materials

3.1 Does your work involve the use of human source materials? YES NO
 If no, please proceed to Section 4.0

3.2 Indicate in the table below the Human Source Material to be used.

Human Source Material	Source/Supplier /Company Name	Is Human Source Material Infected With An Infectious Agent? YES/UNKNOWN	Name of Infectious Agent (If applicable)	PHAC or CFIA Containment Level (Select one)
Human Blood (whole) or other Body Fluid		<input type="checkbox"/> Yes <input type="checkbox"/> Unknown		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
Human Blood (fraction) or other Body Fluid		<input type="checkbox"/> Yes <input type="checkbox"/> Unknown		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
Human Organs or Tissues (unpreserved)		<input type="checkbox"/> Yes <input type="checkbox"/> Unknown		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
Human Organs or Tissues (preserved)		Not Applicable		Not Applicable

Additional Comments: _____

4.0 Genetically Modified Organisms and Cell lines

4.1 Will genetic modifications be made to the microorganisms, biological agents, or cells described in Sections 1.0 and 2.0? YES NO If **NO**, please proceed to Section 5.0

4.2 Will genetic modification(s) involving plasmids be done? YES, complete table below NO

Bacteria Used for Cloning *	Plasmid(s) **	Source of Plasmid	Gene Transformed or Transfected	Will there be a change due to transformation of the bacteria?	Will there be a change in the pathogenicity of the bacteria after the genetic modification?	What are the consequences due to the transformation of the bacteria?

* *Please attach a Material Safety Data Sheet or equivalent if available.*

** *Please attach a plasmid map.*

****No Material Safety Data Sheet is required for the following strains of E. coli:*

http://www.uwo.ca/humanresources/docandform/docs/ohs/CFIA_Ecoli_list.pdf

4.3 Will genetic modification(s) of bacteria and/or cells involving viral vectors be made?

YES, complete table below NO

Virus Used for Vector Construction	Vector(s) *	Source of Vector	Gene(s) Transduced	Describe the change that results from transduction

* *Please attach a Material Safety Data Sheet or equivalent.*

4.3.1 Will virus be replication defective? YES NO

4.3.2 Will virus be infectious to humans or animals? YES NO

4.3.3 Will this be expected to increase the containment level required? YES NO

5.0 Will genetic sequences from the following be involved?

- ◆ HIV NO YES, specify
- ◆ HTLV 1 or 2 or genes from any Level 1 or Level 2 pathogens NO YES, specify
- ◆ SV 40 Large T antigen NO YES
- ◆ E1A oncogene NO YES
- ◆ Known oncogenes NO YES, specify
- ◆ Other human or animal pathogen and or their toxins NO YES, specify

5.1 Is any work being conducted with prions or prion sequences? NO YES

Additional Comments: _____

6.0 Human Gene Therapy Trials

6.1 Will human clinical trials be conducted involving a biological agent? YES NO
(including but not limited to microorganisms, viruses, prions, parasites or pathogens of plant or animal origin)
If no, please proceed to Section 6.0

6.2 If YES, please specify which biological agent will be used:
Please attach a full description of the biological agent.

6.3 Will the biological agent be able to replicate in the host? YES NO

6.4 How will the biological agent be administered?

6.5 Please give the Health Care Facility where the clinical trial will be conducted:

6.6 Has human ethics approval been obtained? YES, number: NO PENDING

7.0 Animal Experiments

7.1 Will live animals be used? YES NO If NO, please proceed to section 8.0

7.2 Name of animal species to be used

7.3 AUS protocol #

7.4 Will any of the agents listed in section 4.0 be used in live animals
 NO YES, specify:

7.5 Will the agent(s) be shed by the animal:
 YES NO, please justify:

8.0 Use of Animal species with Zoonotic Hazards

8.1 Will any animals with zoonotic hazards or their organs, tissues, lavages or other body fluids including blood be used (see list below)? YES NO - If NO, please proceed to section 9.0

8.2 Will live animals be used? YES NO

8.3 If YES, please specify the animal(s) used:

- | | | |
|-----------------------------|--|-----------------------------|
| ◆ Pound source dogs | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ◆ Pound source cats | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ◆ Cattle, sheep or goats | <input type="checkbox"/> YES, species | <input type="checkbox"/> NO |
| ◆ Non-human primates | <input type="checkbox"/> YES, species | <input type="checkbox"/> NO |
| ◆ Wild caught animals | <input type="checkbox"/> YES, species & colony # | <input type="checkbox"/> NO |
| ◆ Birds | <input type="checkbox"/> YES, species | <input type="checkbox"/> NO |
| ◆ Others (wild or domestic) | <input type="checkbox"/> YES, specify | <input type="checkbox"/> NO |

8.4 If no live animals are used, please specify the source of the specimens:

9.0 Biological Toxins and Hormones

9.1 Will toxins or hormones of biological origin be used? YES NO If **NO**, please proceed to Section 10.0

9.2 If YES, please name the toxin(s) or hormones(s)
Please attach information, such as a Material Safety Data Sheet, for the toxin(s) used.

9.3 What is the LD₅₀ (specify species) of the toxin or hormone

9.4 How much of the toxin or hormone is handled at one time*?

9.5 How much of the toxin or hormone is stored*?

9.6 Will any biological toxins or hormones be used in live animals? YES NO
If **YES**, Please provide details:

*For information on biosecurity requirements, please see:

http://www.uwo.ca/humanresources/docandform/docs/healthandsafety/biosafety/Biosecurity_Requirements.pdf

Additional Comments: _____

10.0 Insects

10.1 Do you use insects? YES NO - If **NO**, please proceed to Section 11.0

10.2 If YES, please give the name of the species.

10.3 What is the origin of the insect?

10.4 What is the life stage of the insect?

10.5 What is your intention? Initiate and maintain colony, give location:
 "One-time" use, give location:

10.6 Please describe the risk (if any) of escape and how this will be mitigated:

10.7 Do you use insects that require a permit from the CFIA permit? YES NO
If **YES**, Please attach the CFIA permit & describe any CFIA permit conditions:

11.0 Plants

11.1 Do you use plants? YES NO - If **NO**, please proceed to Section 12.0

11.2 If YES, please give the name of the species. **See attached annex**

11.3 What is the origin of the plant? **Windsor, Jamaica**

11.4 What is the form of the plant (seed, seedling, plant, tree...)? **Seeds**

11.5 What is your intention? Grow and maintain a crop "One-time" use

11.6 Do you do any modifications to the plant? YES NO
If yes, please describe:

11.7 Please describe the risk (if any) of loss of the material from the lab and how this will be mitigated:
There are no apparent risks, as these plants are not controlled by CFIA regulations

11.8 Is the CFIA permit attached? YES NO
If **YES**, Please attach the CFIA permit & describe any CFIA permit conditions:

12.0 Import Requirements

12.1 Will any of the above agents be imported? YES, country of origin **Jamaica** NO
If **NO**, please proceed to Section 13.0

12.2 Has an Import Permit been obtained from HC for human pathogens? YES NO

12.3 Has an import permit been obtained from CFIA for animal or plant pathogens? YES NO

12.4 Has the import permit been sent to OHS? YES, please provide permit # NO

13.0 Training Requirements for Personnel Named on Form

All personnel named on the above form who will be using any of the above named agents are required to attend the following training courses given by OHS:

- ◆ Biosafety
- ◆ Laboratory and Environmental/Waste Management Safety
- ◆ WHMIS (Western or equivalent)
- ◆ Employee Health and Safety Orientation

As the Principal Investigator, I have ensured that all of the personnel named on the form who will be using any of the biological agents in Sections 1.0 to 9.0 have been trained.

An X in the check box indicates you agree with the above statement...
Enter Your Name _____ **Date:** _____

14.0 Containment Levels

14.1 For the work described in sections 1.0 to 9.0, please indicate the highest HC or CFIA Containment Level required. 1 2 2+ 3

14.2 Has the facility been certified by OHS for this level of containment?

YES, location and date of most recent biosafety inspection:

NO, please certify

NOT REQUIRED for Level 1 containment

14.3 Please indicate permit number (not applicable for first time applicants):

15.0 Procedures to be Followed

15.1 Are additional risk reduction measures necessary beyond containment level 1, 2, 2+ or 3 measures that are unique to these agents? YES NO

If **YES** please describe:

15.2 Please outline what will be done if there is an exposure to the biological agents listed such as a needlestick injury or an accidental splash:

15.3 As the Principal Investigator, I will ensure that this project will follow the Western Biosafety Guidelines and Procedures Manual for Containment Level 1 & 2 Laboratories (and the Level 3 Facilities Manual for Level 3 projects). I will ensure that UWO faculty, staff and students working in my laboratory have an up-to-date Hazard Communication Form, found at <http://www.shs.uwo.ca/workplace/newposition.htm>

An X in the check box indicates you agree with the above statement...

Enter Your Name Brock Fenton **Date:** October 14th, 2011

15.4 Additional Comments: **These materials do not require CFIA permits, see attached letter. Student receiving these materials does not have biosafety, can the materials be sent to Vicky Lightfoot until proper training is done.**

16.0 Approvals

1) UWO Biohazards Subcommittee:

SIGNATURE: _____

Date: _____

2) Safety Officer for the University of Western Ontario

SIGNATURE: _____

Date: _____

3) Safety Officer for Institution where experiments will take place (if not UWO):

SIGNATURE: _____

Date: _____

Approval Number: _____ Expiry Date (3 years from Approval): _____

Special Conditions of Approval:

ANNEX I

List of plant species approved for collection by Mr. Colin Hayward, Department of Biology, University of Ontario
from 1 September - 15 December 2011 for the project entitled:

"Ecosystems services and conservation of the endemic Jamaican fig-eating bat *Ariteus flavescens*"

Family	Scientific Name	Common Name
Palmae	<i>Thrinax parviflora</i>	Thatch plam
Piperaceae	<i>Piper spp.</i>	Piper
Moraceae	<i>Cecropia peltata</i>	Trumpet tree
Moraceae	<i>Ficus spp</i>	Figs
Moraceae	<i>Brosimum alicastrum</i>	Breadnut
Annonaceae	<i>Oxandra lanceolata</i>	Black lancewood
Lauraceae	<i>Ocotea spp.</i>	Sweetwoods
Lauraceae	<i>Nectandra spp.</i>	Sweetwoods
Guttiferae	<i>Calophyllum calaba</i>	Santa maria
Guttiferae	<i>Mammea americana</i>	Mammee
Euphorbiaceae	<i>Omphalea triandra</i>	Popnut
Euphorbiaceae	<i>Alchornea latifolia</i>	Cornwood
Anacardaceae	<i>Spondias mombin</i>	Hogplum
Combretaceae	<i>Terminalia latifolia</i>	Broadleaf
Combrataceae	<i>Buchenavia tetraphylla</i>	Yellow sanders
Myrtaceae	<i>Psidium guajava</i>	Guava
Myrtaceae	<i>Psidium montanum</i>	Mountain guava
Myrtaceae	<i>Syzygium jambos</i>	Rose apple
Sapotaceae	<i>Manilkara zapota</i>	Naseberry
Sapotaceae	<i>Sideroxylon (Bumelia) spp.</i>	Bullet trees
Boraginaceae	<i>Cordia collococca</i>	Clammy cherry



Canadian Food Inspection Agency
Government of Canada

Agence canadienne d'inspection des aliments
Gouvernement du Canada

Plant Health and Biosecurity Directorate
59 Camelot Drive
Ottawa, Ontario K1A 0Y9
Tel: 613-773-7361
Fax: 613-773-7229

UNIVERSITY OF WESTERN ONTARIO
1151 RICHMOND STREET
LONDON, ONTARIO
N6A5B7
ATTENTION: FENTON, BROCK

2011-09-01

RE: No Permit Required - Plant Protection Act

This is in reply to your recent inquiry concerning the importation of SEEDS, STEM AND LEAVES: THRINAX PARVIFLORA, PIPER SPP., CECROPIA PELTATA, FICUS SPP., BROSIMUM ALICASTRUM, OXANDRA LANCEOLATA, OCOTEA SPP., NECTANDRA SPP., CALOPHYLLUM CALABA, MAMMEA AMERICANA, OMPHALEA SPP., ALCHORNEA LATIFOLIA, SPONDIAS MOMBIN, TERMINALIA LATIFOLIA, BUCHENAVIA TETRAPHYLLA, PSIDIUM MONTANUM, SYZYGIUM JAMBOS, MANIKARA ZAPOTA, CORDIA COLLOCOCCA, SIDEROXYLON (BUMELIA) SPP. ORIGINATING FROM JAMAICA.

At this time,
however, shi
Certification

tion Act,
sanitary

All importation

s expense:

- a) Pest eradication
- b) Return of material
- c) Destruction

For further information
(www.inspection.gc.ca)

website

[Handwritten notes on a yellow sticky note]

[Signature]

- biosafety training ~~is~~ issue

- 7.0 → bats

- 8.0 → bats

- Section 13.0

- 14.1

RPR ENVIRONMENTAL

Import Permit C...
Office of the Chief Plant Health Officer

On 10/18/2011 6:31 PM, Colin Hayward wrote:
Hi Jennifer,

Thank for the resources. I plan to sterilize the seed by washing in 100% ethanol. Extra steps may be taken as I have to get my samples inspected by Jamaican specialists to ensure that they meet phytosanitary requirements. Can you give me any indication how far off this paper work and eventually my Material Transfer Agreement are from completion.

Thank you for your time and effort,

- Colin Hayward

On 10/18/11, **Jennifer Stanley** <jstanle2@uwo.ca> wrote:
Hi there Colin

How are the seeds sterilized?

I found this interesting website (Table 3-13) from the CDC:
<http://wwwnc.cdc.gov/travel/yellowbook/2012/chapter-3-infectious-diseases-related-to-travel/rabies.htm#1940>

If you have questions, Workplace Health is the department which deals with vaccinations. The person to contact is Kristine Brown at X85472.

Regards
Jennifer

On 10/17/2011 5:17 PM, Colin Hayward wrote:

Hi Jennifer,

The guano will be collected in Jamaica where it will also be washed and sterilized. Seeds will be extracted from the guano and then brought to Canada. I have not gotten my rabies vaccine because to the best of my knowledge, Jamaica has no reported cases of rabies in bats.

Thanks again,

-Colin Hayward

On 10/14/11, **Jennifer Stanley** <jstanle2@uwo.ca> wrote:
Hi Colin

It looks like you are working with bat guano. Have you had your rabies vaccine?

Regards
Jennifer

----- Original Message -----

Subject:OHS Paperwork, BARF
Date:Thu, 13 Oct 2011 20:22:41 -0400
From:Colin Hayward <chaywar3@uwo.ca>
To:Jennifer Stanley <jstanle2@uwo.ca>

Hi Jennifer,

Please find attached my BARF and related documents. My apologies if you receive another copy from Brock Fenton.

Thank you for your time and effort.

- Colin