COSMIC DUST PI TO PI TRANSFER FORM

Original PI:

I am transferring this sample(s) to the individual named below.

Sample number(s):

1)	6)
2)	7)
3)	8)
4)	9)
5)	10)

Method of transfer (hand carry, FedEx, etc.): _____

_____ _____

Signature and date Printed name

_____

Affiliation

Accepting PI:

I am accepting responsibility for this sample(s).

_____ _____

Signature and date Printed name

_____

Affiliation

Approved**:**

_____ _____

Cosmic Dust Curator Date

UPON RECEIPT OF THE SAMPLE(s), PLEASE SIGN THIS FORM AND RETURN IT TO THE COSMIC DUST SAMPLE CURATOR, CODE XI2, JOHNSON SPACE CENTER, HOUSTON, TEXAS 77058.