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Federal Tax ID (EIN) or Value Added Tax (VAT) Number

New Account Application BSL 1

Organization Name

New Accounts are subject to approval. Print or type all information to be legible.

All information gathered will be used for ATCC purposes only. Your information will not be shared with any outside organization. Please allow 3 to 5 business days after receipt of completed application for account approval.

Organization Information

Department		Web Site Address						
Check type of organization: University/Education Research Foundation U.S. Government Hospital/Clinic Crivate, nonprofit organization Diagnostic Lab Pharmaceutical/D Biotechnology/Lif		e Science ory	☐ Industrial ☐ Manufacturing ☐ Food Processing/Agricul ☐ Environmental	□ 3 rd ture (billin	cernational Government Party Purchasing Agent g only) gh School			
Billing Information								
Choose payment preference (Credit terms net 30) Credit Card Purchase Order Wire Transfer Other: Nisa, MasterCard, or American Express at the time the order is placed. U.S. Currency by check drawn on any U.S. bank or international money order made payable to: American Type Culture Collection, 5779 Collections Center Dr., Chicago, IL 60693 USA International money wire transfer to our account #003933990352, ABA#026009593 at Bank of America, N.A., Baltimore, MD, Swift Code BOFAUS3N. Automated Clearinghouse (ACH) to our account #003933990352, ABA#052001633 at Bank of America, N.A., Baltimore, MD. Billing Address (Invoices will be sent to this address)								
	this information w		ts payable department fo		anization.			
First Name	Middle	Name	Last	Name				
Department	Building		Roo	Room Number				
Street Address/P.O. Box	 		City	City				
State/Province	Zip/Postal Code		Cou	Country				
Telephone (including Country	Code) Fax (including Country		y Code) E-m	E-mail (of contact name)				
Shipping Address (Complete street address; PO Boxes are not acceptable)								
Department Building		ng	Roo	Room Number				
Street Address (PO Boxes can	City	City						
State/Province	Zip/Po	stal Code	Cou	ntry				
Telephone (including Country	ephone (including Country Code) Fax (including Country		y Code) E-m	E-mail				
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		End User	Information (Primary End	l User)	
First Name	Middle Name		Last Name	Title	
Department		Building	Room Number		
Street Address		City			
State/Province Zi		Zip/Post	tal Code	Country	
Telephone (including Country Code)		Fax (inc	luding Country Code)	E-mail	
		Add	itional End User Informatio	on	
First Name	Middle Name		Last Name	Title	
Department			Building	Room Number	
Street Address		City			
State/Province Z		Zip/Post	tal Code	Country	
Telephone (including Country code)		Fax (inc	luding Country code)	E-mail	
		Add	itional End User Information	on	
First Name	Middle Name		Last Name	Title	
Department		Building	Room Number		
Street Address				City	
State/Province Zip/Pos		tal Code	Country		
Telephone (including Country code) Fax (in		Fax (inc	luding Country code)	E-mail	

Biosafety Level 1 is suitable for work involving well-characterized agents not known to consistently cause disease in immunocompetent adult humans, and present minimal potential hazard to laboratory personnel and the environment. Special containment equipment or facility design is not required, but may be used as determined by appropriate risk assessment. The following standard practices apply to BSL-1 (Biosafety in Microbiological and Biomedical Laboratories, 5th Edition, HHS Publication No. (CDC) 21-1112, Revised December 2009.

- Access to the laboratory is controlled and enforced.
- Laboratory personnel are trained on the hazards associated with handling the material and on standard cell/microbiological practices prior to beginning work and at least annually thereafter.
- Laboratory personnel are supervised by a scientist with training in microbiology or a related science.
- Personal protective equipment is provided and use is enforced.
- Decontamination procedures are in place and enforced for work surfaces, spills and biohazardous waste.

\square I acknowledge that these policies apply to this fac	ility and are enforced by our institutional policies and procedures.
X Biosafety Officer or Environmental Officer (Print)	XBiosafety Officer or Environmental Officer's Signature and Date

Intended Use			
NOTE: Material purchased from ATCC is usually inte	ended for research use only.		
For commercial use please contact <u>Licensing@atcc.c</u>			
I will use ATCC Material for (check one):			
☐ Research use only			
☐ Commercial use			
☐ Both research AND commercial use			
	Product Use		
Please provide a scope of use for the materials:			
Additio	nal Required Information		
Material Transfer Agreement (MTA)			
	lual at your organization with the ability to execute legally binding		
documents on behalf of your organization. The MTA o	can be found on our website at <u>www.atcc.org/mta</u> .		
Curriculum Vitae			
A Curriculum Vitae may be required.			
	ication, contact us by phone at 800-638-6597 or 703-365-2700,		
or by e-mail at <u>newaccounts@atcc.org</u> .			
X	X		
Applicant First and Last Name (Print)	Applicant Signature and Date		