



## **New Account Application BSL 2**

## 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** 

Organization Name			Federal Tax ID (EIN) or Value Added Tax (VAT) Number		
Department		Web Site Addr	ess		
Check type of organization:  ☐ University/Education  ☐ Research Foundation  ☐ U.S. Government  ☐ Hospital/Clinic  Private, nonprofit organization	☐ Diagnostic Lab ☐ Pharmaceutical/Drug Discover ☐ Biotechnology/Life Science ☐ Contract Laboratory Federal 501(c)(3) Number		☐ Industrial ☐ Manufacturing ☐ Food Processing/Agricult ☐ Environmental	☐ International Government ☐ 3 <sup>rd</sup> Party Purchasing Agent (billing only)	
		Billing Inf	ormation		
Choose payment preference  ☐ Credit Card  ☐ Purchase Order  ☐ Wire Transfer  ☐ Other:	e (Credit terms net		ormación.		
ATCC accepts:  1) Visa, MasterCard, or American Express at the time the order is placed.  2) 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  3) International money wire transfer to our account #003933990352, ABA#026009593 at Bank of America, N.A., Baltimore, MD, Swift Code BOFAUS3N.  4) 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 wi	th the accoun	ts payable department for	your organization.	
First Name	Middle	Name	Last	Name	
Department	Buildin	g	Room	n Number	
Street Address/P.O. Box	 		City		
State/Province	Zip/Po	stal Code	Coun	try	
Telephone (including Country	Code) Fax (in	cluding Countr	y Code) E-ma	il (of contact name)	
			dress; PO Boxes are not a		
Department	Buildin	g	Roon	n Number	
Street Address (PO Boxes can	not be accepted)		City		
State/Province	Zip/Po	stal Code	Coun	try	
Telephone (including Country	Code) Fax (in	cluding Countr	y Code) E-ma	il	

		End User	Information (Primary End User)	
First Name	Middle Name		Last Name	Title
Department		Building	Room Number	
Street Address				City
State/Province Zip/		Zip/Post	al Code	Country
Telephone (including Country Code) Fax (in		Fax (incl	uding Country Code)	E-mail
		Addi	tional End User Information	
First Name	Middle Name		Last Name	Title
Department			Building	Room Number
Street Address				City
State/Province Zip/Post		al Code	Country	
Telephone (including Country code) Fax		Fax (incl	uding Country code)	E-mail
		Addi	tional End User Information	
First Name	Middle Name		Last Name	Title
Department		Building	Room Number	
Street Address				City
State/Province Zip/Posta		al Code	Country	
Telephone (including Country code) Fax (incl		uding Country code)	E-mail	

**Biosafety Level 2** is suitable for work involving agents that pose moderate hazards to personnel and the environment. It differs from BSL-1 in that 1) laboratory personnel have specific training in handling pathogenic agents and are supervised by scientists competent in handling infectious agents and associated procedures; 2) access to the laboratory is restricted when work is being conducted; and 3) all procedures in which infectious aerosols or splashes may be created are conducted in biological safety cabinets (BSCs) or other physical containment equipment.

The following standard practices, special practices, safety equipment, and facility requirements apply to BSL-2. Please check all that apply.

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Access Control
<ul> <li>□ Access to laboratory is controlled with doors and sealed windows present.</li> <li>□ All persons entering the laboratory are advised of entry/exit requirements through training and signage, with hazards and responsible parties' information posted.</li> <li>□ Policies are in place to prevent consumption of food/beverages.</li> <li>□ Personal protective equipment is provided to employees and visitors. Please list the types of PPE (select all that apply):</li> <li>□ Laboratory coat/gown</li> <li>□ Eye/face protection</li> <li>□ Gloves</li> <li>□ Respiratory protection</li> <li>□ Safety shoes</li> </ul>
Training
☐ Are laboratory personnel trained prior to assuming their duties and on an annual basis? Are they trained on a laboratory specific biosafety manual that includes PPE, minimization of splashes, hand washing, sharps and spill training? ☐ Does your organization have an occupational health and medical surveillance program in place which offers appropriate immunizations for the materials handled? Is training provided to employees on this program?
Equipment and Facilities
☐ Are decontamination equipment/procedures in place for the decontamination of surfaces, equipment, and waste? Please list all methods of waste disposal (check all that apply): ☐ Chemical Inactivation

☐ Autoclave – onsite/contractor ☐ Incineration – onsite/contractor	
☐ Are the appropriate sharps containers provided for the laborar	tories?
$\square$ Are hand washing facilities provided in the laboratories? Is an	eyewash station available?
☐ Is laboratory furniture provided that is designed for easy clea laboratory work being performed?	ning and made of appropriate material to withstand the
☐ Are facilities kept free from accumulations of rubbish, unwant fire, explosion and harbourage of pests?	ed materials and objects that present hazards from tripping,
☐ Biosafety cabinets (BSC) are required for the manipulation of type and certification schedule: ☐ Class I	BSL 2 or higher infectious materials. Please indicate the BSC
Explain:	
□ Class II □ A1	
□ A2	
│	
☐ Other	
Explain:	
□Certification Schedule □ Biennial	
☐ Annual	
☐ Other Explain:	
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	tion is current, complete and accurate to the best of my knowledge
I understand the hazards associated with the material we are req containment as determined by our institutional policies and proce	
x x_	
Biosafety Officer or Environmental Officer (Print)  Bios	safety Officer or Environmental Officer's Signature and Date

Intended	Use
<b>NOTE:</b> Material purchased from ATCC is usually intended for res	earch use only.
For commercial use please contact <u>Licensing@atcc.org</u>	,
I will use ATCC Material for (check one):	
□ Research use only	
□ Commercial use	
☐ Both research AND commercial use	
Both research AND commercial asc	
Product	llea
Please provide a scope of use for the materials:	USC .
riease provide a scope of use for the materials.	
Additional Require	d Information
• Material Transfer Agreement (MTA)	
Material Transfer Agreement (MTA)  The MTA must be completed and signed by an individual at your of the material transfer Agreement (MTA).	rappization with the ability to execute locally hinding
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