



Please submit completed form, organization profile and Material Transfer Agreement to:

sales@atcc.org

P.O. Box 1549  
Manassas, VA 20108-1549 USA

Fax: 703-365-2750

## New Account Application BSL 3

**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.

**\*Required Information**

Organization/Institution Information			
Organization Name*		Employer Identification Number (EIN)*	
Department		Web Site Address	
Check type of organization: *	Diagnostic Lab	Industrial	International
University/Education	Pharmaceutical/Drug Discovery	Manufacturing	Government
Research Foundation	Biotechnology/Life Science	Food Processing/Agriculture	Purchasing Agent
U.S. Government	Contract Laboratory	Environmental	<b>(billing only)</b>
Hospital/Clinic			
<b>If you work at a private, nonprofit organization, attach a copy of the Federal 501(c)(3) Form</b>			
<b>If your organization is exempt from state and local sales and use tax – please provide ATCC a copy of your Tax Exempt Certificate issued by the state.</b>			
Billing Address (Invoices will be sent to this address)			
Please verify this information with the accounts payable department for your organization.			
Contact Name (Complete first & last name)			
Department	Building	Room Number	
Street Address/P.O. Box*			City*
State/Province*	Zip/Postal Code*	Country*	
Telephone (including Country Code)*	Fax (including Country Code)*	E-mail (of contact name)*	
Shipping Address (Complete street address; PO Boxes are not acceptable)			
Department	Building	Room Number	
Street Address (PO Boxes cannot be accepted)*			
State/Province*	Zip/Postal Code*	City*	
Telephone (including Country Code)	Fax (including Country Code)	E-mail*	
Applicant Information (Primary End User)			
First Name*	Last Name*	Title	
Department	Building	Room Number	
Street Address*			City*
State/Province*	Zip/Postal Code*	Country*	
Telephone (including Country Code)*	Fax (including Country Code)*	E-mail*	
Additional End User Information			
First Name	Last Name	Title	
Department	Building	Room Number	
Street Address			City
State/Province	Zip/Postal Code	Country	
Telephone (including Country code)	Fax (including Country code)	E-mail	

Additional End User Information		
First Name	Last Name	Title
Department	Building	Room Number
Street Address		City
State/Province	Zip/Postal Code	Country
Telephone (including Country code)	Fax (including Country code)	E-mail
Product Use		
Please provide a detailed scope of use for materials and a list of items you intend to purchase.*		

**Biosafety Level 3** is applicable to clinical, diagnostic, teaching, research, or production facilities where work is performed with indigenous or exotic agents that may cause serious or potentially lethal disease through inhalation route exposure. Laboratory personnel must receive specific training in handling pathogenic and potentially lethal agents, and must be supervised by scientists competent in handling infectious agents and associated procedures.

The following standard practices, special practices, safety equipment, and facility requirements apply to BSL-3:

<b>A. Standard Microbiological Practices*</b>	Check if applicable*	Initials*
Are institutional policies in place and enforced for the following: 1. controlled access to the laboratory; 2. hand washing is required prior to leaving the laboratory; 3. no eating, drinking, smoking, handling contact lenses, applying cosmetics, and storing food or beverages for consumption; 4. mouth pipetting is prohibited and mechanical devices must be used; 5. policies for the safe handling of sharps; and 6. procedures for minimization of splashes and aerosols?		
Are decontamination procedures in place and enforced for the following: 1. work surfaces; 2. equipment; 3. spills involving potentially hazardous material; and 4. waste generated that may contain potentially hazardous material? Please list method of waste disposal:		
Are signs posted to notify workers and others entering the laboratory of potential hazards and who is responsible for the laboratory?		
Is there an effective pest management program in place?		
Are laboratory personnel trained prior to assuming their duties and on an annual basis or when policies change on the hazards associated with the material they are manipulating and the precautions to prevent exposures, and exposure evaluation procedures?		
<b>B. Special Practices*</b>	Check if applicable*	Initials*
Are all persons entering the laboratory advised of entry/exit requirements and potential hazards?		
Does your organization have an occupational health and medical surveillance program which includes offering appropriate immunizations for the agents handled?		
Is a baseline serum sample stored for laboratory employees?		
Is there a biosafety manual available that is laboratory specific?		

Does the laboratory supervisor ensure that all personnel working with BSL-3 agents have the appropriate knowledge and can demonstrate proficiency in standard and special laboratory practices?		
Are procedures in place for the use of durable, sturdy, leak proof containers during the collection, handling, processing, storage, or transport of infectious materials?		
Are there animals or plants in the laboratory not associated with the work being performed?		
<b>C. Safety Equipment (Primary Barriers and Personal Protective Equipment) *</b>		
Biosafety cabinets are required for the manipulation of infectious materials. Please indicate type of BSC and certification schedule		
When a procedure cannot be performed in a biosafety cabinet, are other containment devices used? Please give examples:		
What personal protective equipment is required by your laboratory for the manipulation of infectious materials?		
What personal protective equipment is required by your laboratory when infected animals are in the laboratory?		
<b>D. Laboratory Facilities (Secondary Barriers) *</b>		Check if applicable*
Are a series of two self closing doors with locks present for access control to laboratory areas?		Initials*
Is a hands-free sink available near the laboratory exit for hand washing? Are sinks available in segregated laboratories?		
Is an eyewash station readily available?		
When vacuum lines are used are they protected with HEPA filters?		
Is the laboratory designed for easy cleaning with smooth surfaces and no fabric?		
Are all seams, floors, walls, and ceiling surfaces sealed? Can doors and ventilation opening be easily sealed?		
Is furniture provided that is suitable for the laboratory work performed?		
Are work benches and floors provided that are impervious to water, resistant to heat, organic solvents, acids, alkalis, and other chemicals?		
Are chairs and other laboratory equipment made so that they can be easily decontaminated with the appropriate disinfectant?		
Does your laboratory have windows that open to the outside? If 'yes', are they fitted with screens?		
Please explain the ventilation system that is used in your BSL 3 laboratory:		

Are there any additional safety features about your facilities that you would like to provide?

I acknowledge that the information listed in this facility description is current, complete and accurate to the best of my knowledge. I understand the hazards associated with the material we are requesting and we will work with it under the appropriate laboratory containment as determined by our institutional policies and procedures.

X \_\_\_\_\_  
Biosafety Officer or Environmental Officer (Print)

X \_\_\_\_\_  
Biosafety Officer or Environmental Officer's Signature and Date

**Additional Required Information\***

- **Material Transfer Agreement (MTA)\***  
The MTA must be completed and signed by a duly authorized individual of your organization. The MTA can be found on our website at [www.atcc.org](http://www.atcc.org).
- **Organization Profile\***  
On company letterhead, include a brief description of your organization, such as the mission statement or 'About Us' page from your organization's website, along with your completed application.
- **Curriculum Vitae\***  
A Curriculum Vitae is required for each End User.



### Credit References\*

Internal use only  
Account #: \_\_\_\_\_  
EIN: \_\_\_\_\_  
Date: \_\_\_\_\_

US Trade References only. Do not include banks, insurance companies, customs brokers or shipping companies. Do not use Thermo-Fisher Scientific or Sigma Aldrich– they do not provide references. Credit References are only necessary if your institution does not have an ATCC account number. (Academic institutions only require one credit reference. US Government agencies are exempt from this requirement.)

Credit Reference 1*			
Organization Name		Contact Person	Account No.
Street Address			
City	State	Zip Code	Country
Telephone (including Country Code)		Fax (including Country Code)	E-mail
Credit Reference 2*			
Organization Name		Contact Person	Account No.
Street Address			
City	State	Zip Code	Country
Telephone (including Country Code)		Fax (including Country Code)	E-mail
Credit Reference 3*			
Organization Name		Contact Person	Account No.
Street Address			
City	State	Zip Code	Country
Telephone (including Country Code)		Fax (including Country Code)	E-mail

Orders are subject to the ATCC Material Transfer Agreement. See our website for more information at [www.atcc.org](http://www.atcc.org). Credit Terms Net 30. To ensure proper credit of your payment, please include a purchase order number for reference. If the total of your initial order exceeds \$1,500.00, the order must be prepaid. Payments may be made by check, wire transfer, credit card or payment in advance as requested. Purchaser is responsible for all taxes, duties, tariffs and permit fees assessed in connection with ATCC Material. ATCC will package the ATCC Material for shipping in accordance with applicable laws and regulations. Purchaser is responsible for ensuring that all permits required for Purchaser to receive its order are obtained and that sufficient proof of such permits is provided to ATCC. A processing fee will be charged if special processing or packaging is necessary. All ATCC Materials are shipped Freight on Board (FOB) Manassas, freight prepaid via carrier of ATCC's choice and added to Purchaser's invoice. If the ATCC Material is lost or damaged during shipment, ATCC will replace such ATCC Material at no additional charge, provided that Purchase has reported lost or damaged shipments to the applicable carrier and notified ATCC's Customer Service Department or exclusive distributor within fourteen (14) days from invoice date. Each invoice will be mailed the following day after ATCC Material is shipped from the point of shipment.

ATCC accepts:

- 1) Visa, MasterCard, or American Express. The account number, expiration date, name as it appears on card, and signature are required.
- 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
- 3) Money wire transfer to our account #003933990352, ABA#052001633 at Bank of America, N.A., Baltimore, MD.

We authorize the above listed to provide a credit reference to ATCC. We also acknowledge that in the event our account becomes delinquent, ATCC may report to credit agencies and/or forward our account to a collections service.

Authorized By: (please print/type) **X** \_\_\_\_\_

Title: **X** \_\_\_\_\_

Signature: **X** \_\_\_\_\_

Date: \_\_\_\_\_

Application Completed By: (please print/type) **X** \_\_\_\_\_

Title: **X** \_\_\_\_\_

Signature: **X** \_\_\_\_\_

Date: \_\_\_\_\_

If you have questions regarding the status of your application, contact us by phone at 800-638-6597 or 703-365-2700, or by e-mail at [sales@atcc.org](mailto:sales@atcc.org).