



## Customer Acceptance of Responsibility for Potentially Highly Pathogenic Biological Materials

On behalf of the Institution identified below, we acknowledge that the materials requested from American Type Culture Collection (ATCC) represent a potential hazard to the public health and/or agricultural crops or products, including but not limited to viable microorganisms or toxins that may cause human disease.

PLEASE PRINT

Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Postal code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telefax: \_\_\_\_\_

On behalf of the Institution, we hereby represent that our Institution shall: (1) ensure that only qualified scientists work with these materials in proper facilities; (2) provide sufficient internal security to assure access to these materials only by those individuals authorized to work with them; (3) not transfer, export, resell, or otherwise dispose of any items supported by this statement to any third party under any circumstances without express written authorization from ATCC and the appropriate government agencies; (4) not permit access to the materials by foreign nationals when to do so would constitute a violation of export control laws; (5) maintain adequate insurance coverage for liability to any party that might be injured by release of these materials; (6) comply with all applicable federal, state, or local laws and regulations pertaining to these materials or their handling, storage, use, transportation; and (7) destroy all materials according to accepted practices for destruction of microbiological cultures upon completion of work.

We understand that by providing this signed form to ATCC we are accepting responsibility for these agents and all risks associated with handling of them in our facility, as well as any adverse events resulting from our violation of the security requirements or unauthorized dissemination of the agents.

Full Name of Investigator: \_\_\_\_\_  
(Type or Print Name)

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

The undersigned officer of the Institution represents that he or she has authority to make the above certifications and representations on behalf of the Institution and further warrants that he or she is legally authorized to enter into binding agreements on behalf of the Institution

Full Name of Authorized Institutional Official: \_\_\_\_\_  
(Type or Print Name)

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

Title: \_\_\_\_\_