

## Customer Acknowledgement of Toxin Threshold Limits

Please indicate the BEI Resources item number(s) that you are requesting below.

PLEASE PRINT

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

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

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

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

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

BEI Item Numbers
_____
_____
_____
_____
_____

In March 2005 the Department of Health and Human Services and the Department of Agriculture issued final rules regarding the possession, use, and transfer of select agents and toxins. The toxins that you have requested may be transferred under an exclusion if the materials requested meet the requirements codified in 42 CFR Part 73.4 (f) or Part 73.5 (f).

Prior to shipping these materials, BEI Resources requires that the Registrant responsible for overseeing the use of these materials and the Biosafety Officer acknowledge that they are aware of the threshold limits for toxins as codified in 42 CFR Parts 73.3 and 73.4. BEI Resources material will only be shipped after this signed form is received by BEI Resources.

We understand that by providing this signed form to ATCC on behalf of BEI Resources 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.

Print Full Name of Registrant: \_\_\_\_\_

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

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

Print Full Name of Biosafety Officer: \_\_\_\_\_

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

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