

## Schistosome Standing Order Reagent Request Form

This form is to be used only for recurring orders for live snails or mice from the Schistosome Related Reagent Repository. Please indicate on this form the catalog number, the frequency of shipments (i.e. weekly, monthly), and the total number of shipments. Please also provide a brief justification for use of these materials.

This form must be submitted by email to [contact@beiresources.org](mailto:contact@beiresources.org) after an online order is placed on the BEI Resources website. The website requires a Quantity to be entered per order. Please enter the total Qty for each catalog item being ordered in the website Quantity field. Only registered users of BEI Resources can submit this form and orders will not be processed unless a website order is also placed.

**Please print or type**

Institution: \_\_\_\_\_  
 Department: \_\_\_\_\_ Building/Room: \_\_\_\_\_  
 Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Animal Welfare Assurance Number (if a reagent is to be used in animals): \_\_\_\_\_

BEI Catalog Number	Reagent Description	Qty Per Shipment	Shipment Frequency (i.e. weekly, monthly)	Total # of Shipments

Justification for use of materials (please attach additional page if needed): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I agree that reagents provided by BEI Resources and any derivatives of said reagents will be used in animals only as described in: Public Health Service Policy on Humane Care and Use of Laboratory Animals, March, 1996, or the latest version thereof (copies may be obtained from the NIH Division of Animal Welfare, TEL: (301) 496-7163, or the U.S. Government Printing Office, Publication No. 249-260).

I agree to comply with Protection of Human Subjects, Title 45, Code of Federal Regulations, Part 46. I agree that none of the reagents provided by BEI Resources, nor any derivatives of said reagents, will be used in humans or for any clinical diagnosis without receiving prior approval of the reagent donor and the Director, Division of Microbiology and Infectious Diseases, NIH.

**ONLY THE REGISTERED REQUESTOR MAY SIGN THIS FORM.**

Print Full Name of Registered Requestor: \_\_\_\_\_

Registered Requestor (Signature): \_\_\_\_\_ Date: \_\_\_\_\_