

Customer Acknowledgement of Intended Use

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: _____

Item Numbers

Due to limited quantities, a written justification including intended use is required for all orders. In addition, BEI Resources can only distribute one vial of each antiserum per Institution for use as a positive control in assays. Orders will not be fulfilled for uses other than as a positive control.

Justification and Intended Use: _____

Prior to shipping these materials, BEI Resources requires that the Registrant responsible for overseeing the use of these materials acknowledge that the appropriate intended use for these materials is as described in this notification. BEI Resources will only ship materials when the Registrant has read this notification, provided a written justification, signed and returned this form to BEI Resources.

We understand that by providing this signed form to ATCC on behalf of BEI Resources we are acknowledging that this reagent(s) will only be used as a positive control(s) for assays. We also accept 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 reagent(s).

Print Full Name of Registrant: _____

Title: _____

Signature: _____ Date: _____