



Schistosome Related Reagent Repository

Sponsored by the National Institute of Allergy and Infectious Diseases

SR3 Reagent Request Form

Send Completed Form to:
SR3/Biomedical Research Institute/12111 Parklawn Dr./ Rockville, MD 20852 USA
Fax: 301-770-4756

Please print or type

SR3 Account Number: _____

Name of Registered Requestor: _____

Telephone: _____ FAX Number: _____

Email: _____

Shipping Address: _____

IMPORTANT: Attach required Permits (When a permit is required and not included with this order, you will be notified and given 2 months to send it. After that time, the order will be cancelled)

Shipping and Handling - Although reagents are sent free of charge, you are liable to pay for these charges

Payment Type (check one):

American Express / MasterCard / Visa Credit Card No: _____

Name on Credit Card: _____ Exp. Date: _____

Signature: _____

OR

Fedex /UPS/ Other billing account No: _____

Animal Welfare Assurance No. (if a reagent is to be used in animals): _____

*Commercial Development (YES or NO):

NOTE: *If there is a commercial development or usage on reagent, place check mark in box and complete "Acknowledgement of Commercial Rights Form".

Catalogue #

Reagent

Catalogue #	Reagent

I request the reagents listed on the SR3 list. I agree to adhere to all conditions and agreements in my Registration Form. I agree that reagents provided by the SR3 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 the SR3, nor any derivatives of said reagents, will be used in humans or for any clinical diagnosis without receiving prior written approval of the reagent donor and the Director, Division of Microbiology and Infectious Diseases, NIH.

I agree to adhere to the depositor-assigned requirements for commercialization of the reagents I receive from the SR3.

I agree to be responsible for an annual reporting agreement until I no longer have the reagent(s) or derivatives of the reagent(s) in my possession.

PERSONNEL ENGAGED ON PROJECT

Name _____

Position Title _____

ONLY THE REGISTERED REQUESTOR MAY SIGN THIS FORM.

Registered Requestor (Signature) and date _____

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Biomedical Research Institute (BRI)

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