



# Schistosome Related Reagent Repository

*Sponsored by the National Institute of Allergy and Infectious Diseases*

## Waiver of Indemnification Agreement Current Registration is effective for 5 years from date of approval

**Please print or type: [click here to choose Microsoft Word\(\\*.doc\) or PDF\(\\*.pdf\) file to download](#)**

This form must be completed by individuals at institutions that cannot sign either the Standard Indemnification Agreement or the State Institution Compliance Agreement.

The Recipient Institution, \_\_\_\_\_ is unable to comply with the Standard Indemnification Agreement or, if it is a state institution, with the terms of the State Institution Compliance Agreement. As a result, the recipient acknowledges that the NIAID **Schistosome Related Reagent Repository** will not provide reagents identified by a biohazard symbol.

\_\_\_\_\_  
\*Officer of Institution or Company (Signature)

\_\_\_\_\_  
Requestor (Signature)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

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Title

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Date

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Date

\*The officer cosigning above must be capable of legally binding the institution.

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