

# Application to Purchase ATCC Products



Last updated: February 19, 2021

Please complete this document to purchase ATCC products. This application is subject to review and approval. We will use the information contained in this document to establish your account.

We require the applicant to sign the application as well as a completed material transfer agreement (MTA) signed by an individual with the ability to execute legally binding documents on behalf of your organization. Depending on your selection for biosafety level, you may also need to have the Biosafety Officer for your organization sign this application.

Based on the information contained in this application, additional documentation may be required.

## Organization Information

Complete this section with information about your organization.

Organization name:	
Department (optional):	
Country or region:	Organization tax ID:
Organization designation <input type="checkbox"/> For-profit <input type="checkbox"/> Nonprofit	

Organization type (Check only one box)

<input type="checkbox"/> Academia or education	<input type="checkbox"/> Contract research organization	<input type="checkbox"/> IVD or assay development
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Cosmetics	<input type="checkbox"/> Medical devices
<input type="checkbox"/> Bioinformatics	<input type="checkbox"/> Food & beverage	<input type="checkbox"/> Purchasing agent, broker, or consultant
<input type="checkbox"/> Bioproduction	<input type="checkbox"/> Genomic profiling or testing	<input type="checkbox"/> Reagents & tools supplier
<input type="checkbox"/> CDMO or CMO	<input type="checkbox"/> Government	<input type="checkbox"/> Secondary school (middle or high school)
<input type="checkbox"/> Chemical or environmental	<input type="checkbox"/> Hospital or clinical laboratory	<input type="checkbox"/> Veterinary science
<input type="checkbox"/> Clinical laboratory	<input type="checkbox"/> Human therapeutics R&D (pharma/biopharma)	<input type="checkbox"/> Other: _____



# Application to Purchase ATCC Products

Last updated: February 19, 2021

## Billing Information

Complete this section about billing information for your organization.

Address:	
Country or region:	City:
State or province:	Postal code:
Payment method preference:	
<input type="checkbox"/> Wire transfer <input type="checkbox"/> Invoice	

## Billing Contact Information

Complete this section with information about the person that would handle billing for your organization. This person will be contacted if there are issues with billing.

First name:	Middle name (optional):	
Last name:	Phone:	Extension (optional):
Email address:		
Electronic invoice email (optional):		

## Shipping Information

Complete this section about shipping information for your organization. For the application, you can only provide one shipping address. After your account is established, you will be able to add additional shipping addresses.

**IMPORTANT:** Do not use a residential address for your shipping address.

Organization name:	
Address:	
Country or region:	City:
State or province:	Postal code:



# Application to Purchase ATCC Products

Last updated: February 19, 2021

---

## Biosafety Level Information

Select the biosafety level to associate with the shipping address entered above. **(Select only one.)**

**No Biosafety Level**

This account will not be able to purchase any product that has a biosafety level.

**Biosafety Level 1**

ATCC determines the biosafety level for material shipments based on our risk assessment as guided by the current edition of *Biosafety in Microbiological and Biomedical Laboratories (BMBL)*, U.S. Department of Health and Human Services. I understand the hazards associated with the material we will be requesting and will receive, utilize, store, and dispose the material per our organization's policies and procedures and any other applicable regulations as enforced by local or national agencies.

**Biosafety Level 2**

ATCC determines the biosafety level for material shipments based on our risk assessment as guided by the current edition of *Biosafety in Microbiological and Biomedical Laboratories (BMBL)*, U.S. Department of Health and Human Services. I understand the hazards associated with the material we will be requesting and will receive, utilize, store, and dispose the material per our organization's policies and procedures and any other applicable regulations as enforced by local or national agencies.

**Biosafety Level 3**

Biosafety level 3 is applicable to any facility where work is performed with indigenous or exotic agents that may cause serious or potentially lethal disease through inhalation. Laboratory personnel must receive specific training in handling pathogenic, potentially lethal agents and must be supervised by scientists competent in handling infectious agents. ATCC determines the biosafety level of a material based on our risk assessment as guided by the current edition of *Biosafety in Microbiological and Biomedical Laboratories (BMBL)*, U.S. Department of Health and Human Services. I understand the hazards associated with the material we will be requesting and will receive, utilize, store, and dispose the material per our organization's policies and procedures and any other applicable regulations as enforced by local or national agencies.

Acknowledge the following if you selected biosafety level 1, 2, or 3 above. This is not required if you selected "No Biosafety Level" above.

**I, the Biosafety Officer, acknowledge that I have read, understand, and agree to the above terms as evidenced by my signature below.**



# Application to Purchase ATCC Products

Last updated: February 19, 2021

## End User Information

Complete this section about the end user of ATCC products. You must provide at least one end user, but you can add up to two additional end users. After your account is established, you will be able to add additional end users.

	End user	End user (optional)	End user (optional)
First name			
Middle name (optional)			
Last name			
Street			
Building (optional)			
Room (optional)			
Department (optional)			
Country or region			
State or province			
City			
Postal code			
Email address			
Phone			
Phone extension (optional)			
Fax (optional)			



# Application to Purchase ATCC Products

Last updated: February 19, 2021

---

## Signatures

### Biosafety Officer

The person responsible for biosafety measures at the shipping location specified on this application needs to complete this section. This is not required if “No Biosafety Level” is selected under the *Biosafety Level Information* section.

First name:
Middle name (optional):
Last name:
Email address:

Signed: \_\_\_\_\_

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

### Applicant

First name:
Middle name (optional):
Last name:
Email address:

Signed: \_\_\_\_\_

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