

# NIAID INTERFERON STANDARDS AND REAGENTS CERTIFICATIONS/AGREEMENT AND REQUEST FORM

The NIAID Reference Reagent Repository will only provide Interferon standards/reagents to researchers who complete and return the following attached request forms to the Repository. Copies of the NIAID Interferon reagent catalog and blank request forms are available as .PDF files from the NIAID Repository website @ [www.kamtekinc.com](http://www.kamtekinc.com). You will need to use Adobe Acrobat Reader to view the files. At this time the Interferon request form is not available for on-line completion or submission, you will have to print the blank form then complete it by typing or printing in black ink.

Prior to submitting your completed and signed request form, please make a copy for your files, then forward all completed and signed original documents to the Repository address listed below. To help expedite your order the Repository does accept fax copies of completed and signed request forms. However, failure to submit all completed and signed original documents to the Repository will prevent us from considering any future reagent requests that are submitted by you or your organization

Please contact or forward all completed forms and correspondence to:

Dr. Sharan VedBrat  
KamTek, inc.  
9119 Gaither Road  
Gaithersburg, Maryland, USA  
20877

Tel #: 301-208-1777 Fax #: 301-208-1779 e-mail: [als@kamtekinc.com](mailto:als@kamtekinc.com)

***Note: NIAID interferon reagents are intended for use as laboratory reference standards only. One ampoule of a reagent is provided to an investigator per year. They are not intended for either diagnostic or therapeutic use. Each of the reagents has been defined as containing a certain amount of interferon per ampoule based on specific assay methods. If you have questions about a particular reagent, please contact the Repository at the number below.***

# Instructions and Order Form for Interferon Reagents

Dear Researcher:

Please carefully read the following policies and instructions to help avoid unnecessary delays in ordering and receiving your interferon reagent(s) from the NIAID Reference Reagent Repository. Please make sure that the ordering form is properly completed and signed before forwarding it to the NIAID Repository. Additional information about the Repository can be found at our website: [www.kamtekinc.com](http://www.kamtekinc.com).

## 1. NIAID Distribution Policy

Current NIAID policy limits the distribution of all IFN standards and antiserum/control reagents to one vial per investigator per year. This limitation is based on NIAID program goals to furnish only laboratory reference standards and to encourage the production of working reagents by other laboratories. To help oversee this policy the repository closely monitors and reviews all IFN requests from individual investigators as well as investigators within the same institution to ensure that the NIAID policy regarding the free distribution of these valuable reagents is not abused.

## 2. Submission of Requests

Prior to submitting your request forms please make a copy of all completed forms for your files. To help expedite your order the Repository accepts completed forms by fax but requires that all original documents be sent to the address listed below, there are no exceptions to this policy. Failure to submit all completed and signed original documents to the Repository will prevent us from accepting any future reagent requests that are submitted by you or your organization. Please send all correspondence to:

Dr. Sharan VedBrat  
KamTek, Inc.  
9119 Gaither Road  
Gaithersburg, Maryland, USA  
20877

Tel #: 301-208-1777  
Fax #: 301-208-1779  
e-mail: [als@kamtekinc.com](mailto:als@kamtekinc.com)

## 3. Instructions to Complete Order Form

### Section A

Please carefully read, complete, sign and initial all requested items of the, *Interferon Reagent Request Form: Section A*. Section A must be signed by the senior scientist who will be responsible for the use of the reagent(s) (i.e., a Principal Investigator, Laboratory Director, or equivalent [public or academic institution], or a Director of Research or equivalent [private or for-profit company]). If requesting more than six individual catalog numbers, please copy/print an additional Section A form and then list and attach the supplementary reagent catalog numbers with the necessary signatures/initials. Please make sure that the senior scientist signs and initials any supplemental *Section A* form(s).

## **Section B**

Please carefully read, complete, and initial all portions of *Section B: Certifications and Agreement*. The senior scientist is the person responsible for initialing and completing all items found in *Section B*.

In the past, all IFN requestors had the option of requesting IFN reagents to be shipped through the U.S. Postal Service (USPS) at no additional expense to the requestor. Due to a change in policy the repository no longer ships IFN reagents through the USPS. All IFN requestors must now provide the repository with a valid shipper's account number for a worldwide express transport company such as; Federal Express, Airborne Express, DHL or TNT so that all shipping charges are billed directly to the requestor's institution or company.

Please enter your shipper's account number in the space provided in Section B of the IFN request form before submitting it to the NIAID Reference Reagent Repository. IFN reagents will not be shipped collect (COD), nor will the Repository act as a third party agent to bill requestors for any shipping charges. This policy change is to insure that all reagent shipments are delivered in an efficient and expeditious manner, and allow Repository staff to monitor reagent shipments from point of departure to their final destination via your preferred carrier's Internet website.

**Note:** Requestors outside the United States are responsible for providing the repository with any import permits that may be required for importing biological reagents into your country.

## **4. Product Information**

All Interferon standards and reference reagents are lyophilized and shipped at ambient temperature. Each reagent will come with a detailed product information sheet that describes individual reagent preparation, reconstitution methods, stability, assay results, titer assignment, reagent use and a listing of publication references.

Each WHO IFN standard has been assigned a potency value/titer that is expressed in terms of International Units (IU) of biological activity per ampoule. The potency values have been determined from data that was collected during international studies by a group of selected laboratories that employed routine bioassays. None of the IFN standards, antisera and control serum currently listed in our reagent catalog have been evaluated by ELISA assay or have their potency values expressed in micrograms.

NIAID Reference Reagent Repository

**Repository Use Only**  
**Transaction Number**  
\_\_\_\_\_

Section A  
Interferon Reagent Request Form

Reagent request forms must be signed and initialed by a senior scientist (Requestor). Graduate students, post doctoral fellows, research associates or technicians may be identified as the contact person on this form but the Repository will not process requests that do not include the required information, signatures and initials of the senior scientist.

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

Contact Person: \_\_\_\_\_  
Last Name First Name Middle Initial

Requestor: \_\_\_\_\_  
(Senior Scientist) Last Name First Name Middle Initial

Requestor's Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Full Address: \_\_\_\_\_

Tel: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

I request the following interferon reagents from the NIAID Reference Reagent Repository. (If requesting more than six individual interferon catalog numbers, please copy/print an additional Section A form and then list and attach the supplementary reagent catalog numbers with the necessary signatures/initials).

<u>Reagent Catalog Number</u>	<u>Reagent Description</u>	<u># of vials</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

\_\_\_\_\_  
Signature of Requestor (Senior Scientist) & (Initials)

Section B  
**Certifications and Agreement**

All items must be completed and initialed by the Requestor (Senior Scientist)

**Responsibility for Shipping:**

The requestor and the requestor's organization agree to assume all costs of shipping the reagents from the repository by the requestor's organization preferred carrier (i.e. Federal Express, DHL, AIRBORNE or TNT). The requestor and the requestor's organization agree to provide and authorize the use of the requestor organization's carrier account number by the Repository or agree to make all arrangements for a prepaid shipment. The requestor will assume the responsibility for confirming that the requestor's preferred carrier will collect the shipments from the Repository and can carry biohazard material and dry ice. Unless otherwise directed by the NIAID, no shipments will be made until the NIAID Reference Reagent Repository accepts the requestor's proposed shipping arrangements. Check box, enter carrier name and account number and initial.

**Requestor's Preferred Carrier**

**Carrier Name:** \_\_\_\_\_

**Carrier Account Number:** \_\_\_\_\_

\_\_\_\_\_ **(Initials)**

**Certification of Use:**

The requestor and the requestor's organization certify that all reagents provided by the Repository will be used for research or laboratory validation purposes only, in the requestor's laboratory only, and only as described below in *Proposed Reagent Use*. The reagents will not be directly used (i.e. as either a starting or intermediate material) in the manufacture, marketing, or licensing of any commercial product nor to perform a procedure for which a charge will be assessed and/or payment received unless written exceptions are granted by the donor and the Repository is notified.

\_\_\_\_\_ **(Initials)**

**Brief Description of Proposed Reagent Use: (25 Words or less):**

**Human Use:**

The requestor and the requestor's organization agree that none of the reagents provided by the Repository nor any derivatives of said reagents will be used in humans or for any clinical diagnosis of humans without receiving prior written approval of the reagent donor and the Director, Division of Microbiology and Infectious Diseases, NIAID/NIH.

\_\_\_\_\_ **(Initials)**

Section B (continued)

All items must be completed and initialed by the Requestor (Senior Scientist)

**Animal Use:**

The requestor and the requestor's organization agree that all reagents provided by the NIAID Reference Reagent Repository 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, Telephone Number: 301-496-7163, or the U.S. Government Printing Office, Publication No. 249-260).

\_\_\_\_\_ (Initials)

**Acknowledgement of Source:**

The requestor and the requestor's organization agree to acknowledge in all publications and presentations of studies utilizing reagents supplied by the NIAID Repository both the contributors of the Reagents and the Repository. The requestor and the requestor's organization also agree to provide the NIAID Reference Reagent Repository with a copy(s) of all published articles that reference the use of Repository supplied reagents.

\_\_\_\_\_ (Initials)

**Additional Information:**

To help NIAID justify continued support for this program please provide the following information.

***Requestor's research is supported by (check and/or circle all that apply and provide identification / grant / contract numbers):***

\_\_\_ NIH Intramural/Extramural /Other Federal Funding \_\_\_\_\_

\_\_\_ State Funding \_\_\_\_\_

\_\_\_ International Support \_\_\_\_\_

\_\_\_ Private Foundation \_\_\_\_\_

\_\_\_ Industry/Other \_\_\_\_\_