

NIAID Reference Reagents

REQUEST AND CERTIFICATIONS/AGREEMENT 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. 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

Instructions, Check List and Ordering Forms for all Viral, Allergen, Immunologic, and Mycoplasma Reference Reagents

Dear Researcher:

The following instructions and checklist are designed to help requestors avoid unnecessary delays in ordering and receiving their reagent(s) from the NIAID Reference Reagent Repository. Please make sure that the ordering forms are properly completed and signed before forwarding them to the Repository. Present NIAID policy on the distribution of Mycoplasma, Viral, Allergen and Immunologic reference reagents, other than interferon, allows requesting investigators to receive only five vials of each reagent per order. Additional information about reagents and how to order them can be found elsewhere at our website: www.kamtekinc.com

1. ____ Section A:

Please carefully read, complete, sign and initial all portions in, Section A: *Reference Reagent Request Form*. 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]). When requesting more than six individual reagents, please copy/print an additional Section A form(s) and list the supplementary reagents. Please make sure that the senior scientist signs and initials any additional Section A form(s).

2. ____ Section B:

Please carefully read, complete, sign and initial all portions of Section B, *Certifications and Agreement*. Section B must be signed by both the requestor/senior scientist and an authorized representative who is capable of legally binding the requestor's organization (i.e. President, Vice President, Dean or Provost, but **NOT** a Department Chairman). The requestor/senior scientist must also complete a Biographical Sketch, or attach a recent brief curriculum vitae. A recent Biographical Sketch from an NIH grant proposal may be submitted instead.

All shipping costs are the responsibility of the requestor. Please provide the Repository with the name and account number of your organization's shipping carrier (i.e. Federal Express, DHL, TNT or AIRBORNE Express) so that the carrier can invoice your organization directly or make all necessary arrangements with a carrier for a prepaid shipment. Please list all required shipping information in Section B, within subsection: Responsibility for Shipping. The Repository does not act as a third party for invoicing requestors' shipping charges or arranging prepaid shipments. Your organization's preferred shipping carrier must be able to handle and ship packages containing dry ice and biohazardous reagents.

3. ____ Section C:

Please carefully read, complete and sign one of the following agreements: *the Standard Indemnification Agreement or the U.S. State Institution Compliance Agreement (Requestors unable to sign either the Standard Indemnification or Compliance Agreement must complete and submit the Waiver of Indemnification Agreement*. Requestors who sign *the Waiver of Indemnification Agreement* are not eligible to receive reagents that are identified as biohazardous.) U.S. Government employees should not fill out Section C.

4. _____ Reagent Purchase Orders

A handling fee of \$ 30.00 per vial is assessed for all reagents with the exception of Interferon reagents (see Interferon ordering instructions). Please submit a copy of a signed purchase order from your organization that includes a listing of all ordered reagents, their itemized costs as well as the total cost of the order. Please make sure the shipment delivery and return invoice addresses are included.

Domestic Orders

All reagent requests from within the United States must be accompanied by a purchase order authorized by your organization. Please address all purchase orders to the attention of: Bratton Biotech, Inc.

International Orders

All reagent requests from outside the United States must be accompanied by a check drawn on a U.S. bank for the total amount of all reagent vials being ordered. Please make checks payable to: Bratton Biotech, Inc.

5. _____ Submission of Requests :

Prior to submitting your request forms, please make a copy of all completed forms for your files. Then forward all completed and properly signed original documents to the Repository at the address listed below. To help expedite your order the Repository does accept completed forms by fax but still requires the original completed and properly signed documents for our files. Failure to submit all completed and properly signed original documents to the Repository will prevent us from completing any future reagent requests that are submitted by you or your organization. Please forward all completed forms or 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

Repository Use Only
Transaction Number

NIAID Reference Reagent Repository

Section A Reference 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</u>	<u>Number 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)

Certification of Compliance with Safety Standards:

Requestor and requestor's organization are aware that all reagents distributed by the NIAID Reference Reagent Repository may be potentially biohazardous even when they are not specifically designated by a biohazard symbol. It is understood by the requestor and the requestor's organization that the requested reagent(s) may pose health risks to persons handling or in the vicinity of the reagents, the environment, and the community. The requestor certifies that he/she is cognizant of and will employ the appropriate biosafety standards including special practices, equipment, and facilities. The requestor agrees to comply with all applicable Organization and Government health and safety regulations and the guidelines detailed in: Biosafety in Microbiological and th Biomedical laboratories, 4 Edition, May, 1999, GPO Stock No. 017-040-00547-4 or the most recent version of these guidelines. The requestor agrees to directly supervise all users of the reagent(s) and to assume responsibility for assuring that those users are cognizant of and comply with safety standards and good laboratory practices.

_____ (Initials)

Certification of Use:

The requestor and requestor's organization certify that all reagents provided by the NIAID Reference Reagent Repository, or unmodified derivatives of said reagents, will be used for research purposes only, in the requestor's laboratory only, at this facility only, and only for the experiments proposed on the Reagent Request form. The requestor and requestor's organization understand that unmodified derivatives include substances created through use of the reagent(s), which constitute an unmodified functional subunit or product expressed by the reagent. Also, the requestor and requestor's organization agree that the reagents or unmodified derivatives thereof will not be distributed to any other persons except those engaged in research under direct supervision of the requestor who accept these restrictions.

_____ (Initials)

Commercial Uses:

The requestor and requestor's organization agree that the reagent(s) will not be used in any product offered for sale or for the manufacture of such products, or in commercial services for which a commercialization license is required.

_____ (Initials)

Section B (continued)

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

Human Use:

The requestor and requestor's organization agree that none of the reagents provided by the NIAID Reference Reagent Repository nor any derivatives of said reagents will be used in humans or for any clinical diagnosis without receiving prior written approval from the reagent donor and the Director, Division of Microbiology and Infectious Diseases, (DMID), NIAID, NIH. If such prior written approval is obtained, the requestor and the requestor's organization agree to comply with Protection of Human Subjects, 45 CFR Part 46. The intent of these conditions is to protect both the rights and the welfare of human subjects, and to protect reagent donors and the NIAID Reference Reagent Repository.

_____(Initials)

Animal Use:

The requestor and requestor's organization agree that 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)

Responsibility for Shipping:

The requestor and the requestor's organization agree to assume all costs of shipping the reagents from the repository via the requestor's 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 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.

Requestor's Organization

Preferred Carrier Name: _____

Carrier Account Number: _____

_____(Initials)

Acknowledgment of Source:

The requestor and requestor's organization shall acknowledge in all publications and presentations of studies utilizing reagent(s) supplied by the NIAID Reference Reagent Repository both the contributors of the reagent(s) and the Repository. The suggested form for acknowledgments is; " The following reagent was obtained through the NIAID Reference Reagent Repository, Division of Microbiology and Infectious Diseases (DMID), NIAID, NIH: (reagent name) from (reagent donor name)".

Section B (continued)

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

Reporting Agreement:

The requestor agrees to provide copies of all publications and abstracts of presentations to the NIAID Reference Reagent Repository. This information is critical for justifying continued funding of the Repository.

_____ (Initials)

_____ (Initials)

Brief Description of Proposed Reagent Use: (50 to 100 Words in length):

Biographical Sketch

Please complete this form, or attach a recent and brief curriculum vitae. A recent Biographical Sketch from an NIH grant proposal may be submitted in place of the biographical sketch or curriculum vitae.

Name of Requestor/Senior Scientist:

Position/Title:

Education: Begin with Baccalaureate or other initial professional education and include postdoctor training.			
<u>Institution and Location</u>	<u>Degree</u>	<u>Year</u>	<u>Conferred Field of Study</u>

Research and Professional Experience: Concluding with your present position, please list, in chronological order, your three most recent professional positions		
<u>Employer</u>	<u>Title</u>	<u>Dates Employed (Mo/Yr)</u>
1.		
2.		
3.		

Publications: Please list three recent representative publications
1.
2.
3.

Section C

Standard Indemnification or Wavier Agreements

Requestors at private universities, foundations, and companies, or at state institutions that can accept the wording of the *Standard Indemnification Agreement* must complete and sign this agreement in order to obtain reagents that are **biohazardous**. An alternative *State Institution Compliance Agreement* (page 9) is available for researchers at U.S. public institutions that cannot sign the Standard Indemnification Agreement. Requestors at organizations that are unable to accept the terms of either the Standard Indemnification or Compliance Agreement must complete the *Waiver of Indemnification Agreement* (page 10); such individuals will not be able to receive reagents identified by a **biohazard symbol. U.S. Government employees are not required to submit an indemnification agreement.**

Standard Indemnification Agreement

As the recipient of reagent(s) from the NIAID Reference Reagent Repository, the Requestor's Organization, _____ agrees to indemnify and hold harmless the United States, Bratton Biotech, Inc., their suppliers and contributors of reagents, from any claims, costs, damages, or expenses resulting from any injury (including death), damage, or loss that may arise from the possession and use of the Substances or any derivative thereof by the Requestor. The Requestor's Organization warrants that the individual executing this Agreement on its behalf has full authority to do so, and to thereby bind the organization.

***Authorized Representative of Organization
(Signature)**

Printed Name

Title

Institution

Date

Requestor's (Signature)

Printed Name

Title

Institution

Date

*** Note: The authorized representative cosigning this document must be capable of legally binding the Requestor's Organization.**

U.S. State Institution/Agency Compliance Agreement

This form should be used only by individuals employed at or by state institutions or agencies within the United States that are unable to sign the Standard Indemnification Agreement.

As a recipient of reagent(s) from the NIAID Reference Reagent Repository, the Requestor's Institution/Agency, _____ agrees to be responsible for any claims, costs, damages, or expenses resulting from any injury (including death), damage, or loss that may arise from the possession and use of the reagent(s) or any derivative thereof by the Requestor to the extent permitted under the applicable state law(s). The Requestor's Institution/Agency warrants that the individual executing this Agreement on its behalf has full authority to do so, and to thereby bind the Requestor's Institution/Agency.

***Authorized Representative of Organization
(Signature)**

Print Name

Title

Organization

Date

Requestor's (Signature)

Print Name

Title

Organization

Date

*** Note: The authorized representative cosigning this document must be capable of legally binding the Requestor's Organization.**

Waiver of Indemnification Agreement

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

The Requestor's Organization, _____ 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 requestor acknowledges that the NIAID Reference Reagent Repository will not provide reagents identified by a **biohazard symbol**.

***Authorized Representative of Organization
(Signature)**

Print Name

Title

Organization

Date

Requestor's (Signature)

Print Name

Title

Organization

Date

*** Note: The authorized representative cosigning this document must be capable of legally binding the Requestor's Organization.**