



## New Account Application BSL 3

**Please submit completed form and Material Transfer Agreement to:**

Bio-REV PTE LTD  
 Block 211, #08-78/79, Woodlands Spectrum II  
 Woodlands Avenue 9, Singapore 738 960  
 Fax : (65) 6555 9030  
 Email: sales@bio-rev.com

**New Accounts are subject to approval. Print or type all information to be legible.**

All information gathered will be used for ATCC purposes only. Your information will not be shared with any outside organization. Please allow 3 to 5 business days after receipt of completed application for account approval.

**\* Required Information**

Organization/Institution Information			
Organization Name*		Unique Entity Number (UEN)*	
Department		Web Site Address	
Check type of organization: * <input type="checkbox"/> University/Education <input type="checkbox"/> Research Foundation <input type="checkbox"/> U.S. Government <input type="checkbox"/> Hospital/Clinic	<input type="checkbox"/> Diagnostic Lab <input type="checkbox"/> Pharmaceutical/DrugDiscovery <input type="checkbox"/> Biotechnology/Life Science <input type="checkbox"/> Contract Laboratory	<input type="checkbox"/> Industrial <input type="checkbox"/> Manufacturing <input type="checkbox"/> Food Processing/Agriculture <input type="checkbox"/> Environmental	<input type="checkbox"/> International Government
<input type="checkbox"/> If you work at a private, nonprofit organization, attach a copy of documentation issued by IRAS If your organization is exempt from state and local sales and use tax – please provide ATCC a copy of documentation			
Billing Information			
All orders are on C.O.D. terms. For payment on credit terms, kindly apply separately using the form, <b>Application for Credit</b> together with supporting documents for credit term approval. Form can be either downloaded on our Website at <a href="http://www.Bio-REV.com">www.Bio-REV.com</a> or send your enquiry to <a href="mailto:sales@bio-rev.com">sales@bio-rev.com</a> .			
Bio-REV accepts: 1. Singapore Dollars by checks drawn on any local bank or international money order made payable to: Bio-REV PTE LTD Block 211, #08-78/79, Woodlands Spectrum II Woodlands Avenue 9, Singapore 738 960  2. Money wire transfer to our account: Account #: 437 -300-107-4 Bank Name: United Overseas Bank Limited (Code: 7375) Branch: Bukit Merah Branch (Code: 437) <b>NOTE: ALL BANK CHARGES &amp; COMMISSION INCLUDING INTERBANK TRANSFER FEE SHALL BE BORE BY PAYER</b>			
Billing Address (Invoices will be sent to this address)			
Please verify this information with the accounts payable department for your organization.			
First Name	Middle Name	Last Name	
Department	Building	Room Number	
Street Address/P.O. Box*		City*	
State/Province*	Zip/Postal Code*	Country*	
Telephone (including Country Code) *	Fax (including Country Code) *	E-mail (of contact name) *	
Shipping Address (Complete street address; PO Boxes are not acceptable)			
Department	Building	Room Number	
Street Address (PO Boxes cannot be accepted) *		City*	
State/Province*	Zip/Postal Code*	Country*	
Telephone (including Country Code) *	Fax (including Country Code) *	E-mail*	

End User Information (Primary End User)			
First Name*	Middle Name	Last Name*	Title
Department		Building	Room Number
Street Address*			City*
State/Province*		Zip/Postal Code*	Country
Telephone (including Country Code) *		Fax (including Country Code)	E-mail*
Additional End User Information			
First Name*	Middle Name	Last Name*	Title
Department		Building	Room Number
Street Address*			City*
State/Province*		Zip/Postal Code*	Country*
Telephone (including Country code) *		Fax (including Country code) *	E-mail*
Additional End User Information			
First Name	Middle Name	Last Name	Title
Department		Building	Room Number
Street Address			City
State/Province		Zip/Postal Code	Country
Telephone (including Country code)		Fax (including Country code)	E-mail

**Biosafety Level 3** is applicable to clinical, diagnostic, teaching, research, or production facilities where work is performed with indigenous or exotic agents that may cause serious or potentially lethal disease through inhalation route exposure. Laboratory personnel must receive specific training in handling pathogenic and potentially lethal agents, and must be supervised by scientists competent in handling infectious agents and associated procedures.

Product Use
<b>Please provide the intended application for and a list of the items you intend to purchase: *</b>

The following standard practices, special practices, safety equipment, and facility requirements apply to BSL-3:

Standard Microbiological Practices (check all that apply)
<p>Are institutional policies in place and enforced for the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Controlled access to the laboratory</li> <li><input type="checkbox"/> Hand washing is required prior to leaving the laboratory</li> <li><input type="checkbox"/> No eating, drinking, smoking, handling contact lenses, applying cosmetics, and storing food or beverages for consumption; mouth pipetting is prohibited and mechanical devices must be used</li> <li><input type="checkbox"/> Policies for the safe handling of sharps; and procedures for minimization of splashes and aerosols</li> </ul>
<p>Are decontamination procedures in place and enforced for the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Work surfaces;</li> <li><input type="checkbox"/> Equipment;</li> <li><input type="checkbox"/> Spills involving potentially hazardous material; and waste generated that may contain potentially hazardous material?</li> <li><input type="checkbox"/> Please indicate method of waste disposal: <ul style="list-style-type: none"> <li><input type="checkbox"/> Chemical Inactivation</li> <li><input type="checkbox"/> Autoclave – onsite/contractor</li> </ul> </li> </ul>

<input type="checkbox"/> Incineration – onsite/contractor
<input type="checkbox"/> Are signs posted to notify workers and others entering the laboratory of potential hazards and who is responsible for the laboratory? <input type="checkbox"/> Is there an effective pest management program in place? <input type="checkbox"/> Are laboratory personnel trained prior to assuming their duties and on an annual basis or when policies change on the hazards associated with the material they are manipulating and the precautions to prevent exposures, and exposure evaluation procedures?
<b>Special Practices (check all that apply)</b>
<input type="checkbox"/> Are all persons entering the laboratory advised of entry/exit requirements and potential hazards? <input type="checkbox"/> Does your organization have an occupational health and medical surveillance program which includes offering appropriate immunizations for the agents handled? <input type="checkbox"/> Is a baseline serum sample stored for laboratory employees? <input type="checkbox"/> Is there a biosafety manual available that is laboratory specific? <input type="checkbox"/> Does the laboratory supervisor ensure that all personnel working with BSL-2 agents have the appropriate knowledge and can demonstrate proficiency in standard and special laboratory practices? <input type="checkbox"/> Are procedures in place for the use of durable, sturdy, leak proof containers during the collection, handling, processing, storage, or transport of infectious materials? <input type="checkbox"/> Are there animals or plants in the laboratory not associated with the work being performed?
<b>Safety Equipment (Primary Barriers and Personal Protective Equipment)</b>
Biosafety cabinets are required for the manipulation of infectious materials. Please indicate type of BSC and certification schedule:
When a procedure cannot be performed in a biosafety cabinet, are other containment devices used? Please give examples:
What personal protective equipment is required by your laboratory for the manipulation of infectious materials?
What personal protective equipment is required by your laboratory when infected animals are in the laboratory?
<b>Laboratory Facilities (Secondary Barriers, check all that apply)</b>
<input type="checkbox"/> Are a series of two self closing doors with locks present for access control to laboratory areas? <input type="checkbox"/> Is a hands-free sink available near the laboratory exit for hand washing? Are sinks available in segregated laboratories? <input type="checkbox"/> Is an eyewash station readily available? <input type="checkbox"/> When vacuum lines are used are they protected with HEPA filters? <input type="checkbox"/> Is the laboratory designed for easy cleaning with smooth surfaces and no fabric? <input type="checkbox"/> Are all seams, floors, walls, and ceiling surfaces sealed? Can doors and ventilation opening be easily sealed? <input type="checkbox"/> Is furniture provided that is suitable for the laboratory work performed? <input type="checkbox"/> Are work benches and floors provided that are impervious to water, resistant to heat, organic solvents, acids, alkalis, and other chemicals? <input type="checkbox"/> Are chairs and other laboratory equipment made so that they can be easily decontaminated with the appropriate disinfectant? <input type="checkbox"/> Does your laboratory have windows that open to the outside? If 'yes', are they fitted with screens?
Please explain the ventilation system that is used in your BSL 3 laboratory:
Are there any additional safety features about your facilities that you would like to provide?

I acknowledge that the information listed in this facility description is current, complete and accurate to the best of my knowledge. I understand the hazards associated with the material we are requesting and we will work with it under the appropriate laboratory containment as determined by our institutional policies and procedures.

**X** \_\_\_\_\_  
 Biosafety Officer or Environmental Officer (Print)

**X** \_\_\_\_\_  
 Biosafety Officer or Environmental Officer's Signature and Date

### Intended Use

**NOTE:** Material purchased from ATCC is usually intended for research use only.  
For commercial use please contact [Licensing@atcc.org](mailto:Licensing@atcc.org)

**I will use ATCC Material for (check one): \***

- Research use only  
 Commercial use  
 Both research AND commercial use

### Scope of Use

**Please provide a scope of use for the materials: \***

### Additional Required Information

• **Material Transfer Agreement (MTA) \***

The MTA must be completed and signed by an individual at your organization with the ability to execute legally binding documents on behalf of your organization. The MTA can be found on our website at [www.atcc.org/mta](http://www.atcc.org/mta).

• **Curriculum Vitae**

A Curriculum Vitae is required for **each End User**.

Orders are subject to the ATCC's approval and Material Transfer Agreement (MTA). See ATCC Website for more information at [www.atcc.org](http://www.atcc.org).

**\*\* Bio-REV Pte Ltd is the EXCLUSIVE DISTRIBUTOR for ATCC in Singapore\*\***

All ATCC orders made through Bio-REV are subjected to ONE-time freight and local clearance charges and any unannounced charges arising from Special Handling and/or Permit Fee (to be advised by ATCC after our order entry and/or Local MOH/AVS permit fee, etc). Customer is deemed to accept and will bear all such additional charges prior to raising an ATCC order through Bio-REV or after the PO has been issued.

All ATCC orders must reach Bio-REV on every **TUESDAY BY 12 PM NOON TIME**, unless otherwise advised, due to holidays or office shut down. Normal delivery time is 2 - 3 weeks from date of Bio-REV's order to ATCC subject to stocks availability and local custom clearance. However, delivery time might be longer (4 - 6+ weeks) if permit(s) is/are involved and/or out of stock situations. ATCC/Bio-REV will advise customer accordingly, whenever possible.

See our Website [www.Bio-REV.com](http://www.Bio-REV.com) for more information prior in placing an order with us.

If you have questions regarding the status of your application, contact us by phone at (65) 6555 9001, or by e-mail at [sales@bio-rev.com](mailto:sales@bio-rev.com).

We have read and fully understand the above stated in placing an ATCC order with Bio-REV PTE LTD.

**X**

Applicant First and Last Name (Print)

**X**

Applicant Signature and Date