

Please indicate the BEI Resources item number(s) that you are requesting below.

BEI Resources Item Numbers

PLEASE PRINT

Institution: _____

Department: _____

Street Address: _____

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The materials listed above are considered by BEI Resources as products in the laboratory research phase of development. These materials are not being represented as effective diagnostic or therapeutic products and, as such, these materials are intended "For Research Use Only- not for therapeutic or diagnostic use in humans." These materials will not be used in human subjects or for diagnostic purposes involving human subjects without first obtaining all necessary approvals by the relevant authorities.

The Product Information Sheets that accompany these materials indicate that the materials are intended "For research use only. Not for use in humans." The statement "Not for use in humans" is intended to convey the understanding that the materials are "Not for human, clinical or diagnostic use." Some BEI Resources materials may also carry an additional use restriction in that it may not be used in animals. Please read the Product Information Sheets for use restrictions on BEI Resources material.

The Registrant acknowledges that Erasmus retains ownership of the materials, including any materials contained or incorporated in MODIFICATIONS (as defined by the BEI Resources MTA) and to any inventions made by the Registrant that directly relates to the materials. The Registrant retains ownership of any other invention made through the use of the materials.

Prior to shipping these materials, BEI Resources requires that the Registrant responsible for overseeing the use of these materials acknowledge that the appropriate intended use for these materials is as described in this notification. BEI Resources will only ship materials when the Registrant has read this notification, signed and returned this form to BEI Resources.

We understand that by providing this signed form to ATCC on behalf of BEI Resources we are accepting responsibility for these agents and all risks associated with handling of them in our facility, as well as any adverse events resulting from our violation of the security requirements or unauthorized dissemination of the agents.

Print Full Name of Registrant: _____

Title: _____

Signature: _____ Date: _____