

New Account Application BSL 2

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

Your account application must be approved before any order can be processed. Missing information will delay approval or may result in denial of the application. 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/Drug Discovery <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"/> Purchasing Agent (billing only)			
<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 issued by IRAS.			
Billing Address (Invoices will be sent to this address) Please verify this information with the accounts payable department for your organization.			
Contact Name (Complete first & 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)*			
State/Province*		Zip/Postal Code*	City*
Telephone (including Country Code)		Fax (including Country Code)	E-mail*
Applicant Information (Primary End User)			
First 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		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

B. Special Practices*	Check if applicable*	Initials*
Are all persons entering the laboratory advised of entry/exit requirements?		
Does your organization have an occupational health and medical surveillance program which includes offering appropriate immunizations for the agents handled?		
Is a baseline serum sample stored for laboratory employees?		
Is there a biosafety manual available that is laboratory specific?		
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?		
Are there animals or plants in the laboratory not associated with the work being performed?		
C. Safety Equipment (Primary Barriers and Personal Protective Equipment)*		
*Biosafety cabinets are required for the manipulation of infectious materials. Please indicate type of BSC and certification schedule: _____		
*What personal protective equipment is required by your laboratory for the manipulation of infectious materials? _____		
D. Laboratory Facilities (Secondary Barriers)*		
	Check if applicable*	Initials*
Are doors present for access control to laboratory areas?		
Is a sink available for hand washing?		
Is an eyewash station readily available?		
When vacuum lines are used are they protected with HEPA filters?		
Is the laboratory designed for easy cleaning?		
Is furniture provided that is suitable for the laboratory work performed?		
Are work benches provided that are impervious to water, resistant to heat, organic solvents, acids, alkalis, and other chemicals?		
Are chairs and other laboratory equipment made so that they can be easily decontaminated with the appropriate disinfectant?		
Does your laboratory have windows that open to the outside? If 'yes', are they fitted with screens?		

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

Additional Required Information*
<ul style="list-style-type: none"> • Material Transfer Agreement (MTA)* The MTA must be completed and signed by a duly authorized individual of your organization. The MTA can be found on our website at www.atcc.org. • Organization Profile* On company letterhead, include a brief description of your organization, such as the mission statement or 'About Us' page from your organization's website, along with your completed application. • Curriculum Vitae* A Curriculum Vita may be required.

Orders are subject to the ATCC's approval and Material Transfer Agreement (MTA). See ATCC Website for more information at 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/AVA 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 for more information prior in placing an order with us.

All orders are on C.O.D. terms. For payment on credit terms, kindly apply separately using the form, **Application for Credit** together with supporting documents for credit term approval. Form can be either downloaded on our Website at www.Bio-REV.com or send your enquiry to sales@bio-rev.com.

Bio-REV accepts:

1. Singapore Dollars by checks drawn on any local bank or international money order made payable to:

Bio-REV PTE LTD
36 Toh Guan East Road
#01-39 Enterprise Hub
Singapore 608580

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)

NOTE: ALL BANK CHARGES & COMMISSION INCLUDING INTERBANK TRANSFER FEE SHALL BE BORE BY PAYER

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

Application Completed By: (please print/type) **X** _____

Title: **X** _____

Signature: **X** _____

Date: _____

If you have any queries or questions regarding the status of your application, contact us by phone at (65) 6273 3022 or by e-mail at sales@bio-rev.com.