



New Lab Start-Up Program

New Application

Please email the completed form to:

quote@revaccsci.com

ReVacc Scientific

4539 Metropolitan Court
Frederick, Maryland 21704 USA

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

After review of your application, a customer service representative will provide you with a quote request form to fill out for your order.

Organization Information			
Organization Name		Federal Tax ID (EIN) or Value Added Tax (VAT) Number	
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/Agriculture <input type="checkbox"/> Environmental <input type="checkbox"/> International Government <input type="checkbox"/> 3 rd Party Purchasing Agent(e.g., Distributor, fill page 1 only) <input type="checkbox"/> Others
Billing Information			
Choose payment preference (Credit terms net 30)			
<input type="checkbox"/> Credit Card <input type="checkbox"/> Purchase Order (domestic transaction only) <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Other (please specify):			
Are you tax exempt?			
<input type="checkbox"/> Yes (If yes, please send Tax Exempt Certificate with this application to above email) <input type="checkbox"/> No			
Principal Investigator Information (*required)			
PI First Name *	PI Middle Name	PI Last Name *	
Department	Building	Room Number	
PI Telephone *	Fax (including Country Code)	PI E-mail *	
Shipping Address (Complete street address; PO Boxes are not acceptable)			
First Name	Middle Name	Last Name	
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	
Lab & Study Information			
Please tell us about your research goals and experimental workflows:			
How you qualify? <input type="checkbox"/> Starting a new lab; <input type="checkbox"/> Receiving your first research grant; <input type="checkbox"/> Moving your lab to a new location;			
Terms & Conditions Apply			
The New Lab Startup program is currently available to customers located in the United States only. Only one offer is available per Principal Investigator. Please note that the offer excludes shipping cost for temperature-sensitive items, and not all items may be applicable. We reserve the right to modify or terminate this program at any time without prior notice. Please contact us if you have any questions or concerns.			

This page is only for pseudovirus purchase. If you don't buy pseudovirus, no need to fill the following

Biosafety Level 2 is suitable for work involving our pseudovirus product that might pose moderate hazards to personnel and the environment. It differs from BSL-1 in that 1) laboratory personnel have specific training in handling pathogenic agents and are supervised by scientists competent in handling infectious agents and associated procedures; 2) access to the laboratory is restricted when work is being conducted; and 3) all procedures in which infectious aerosols or splashes may be created are conducted in biological safety cabinets (BSCs) or other physical containment equipment.

The following standard practices, special practices, safety equipment, and facility requirements apply to BSL-2. Please check all that apply.

Access Control
<input type="checkbox"/> Access to laboratory is controlled with doors and sealed windows present. <input type="checkbox"/> All persons entering the laboratory are advised of entry/exit requirements through training and signage, with hazards and responsible parties' information posted. <input type="checkbox"/> Policies are in place to prevent consumption of food/beverages. <input type="checkbox"/> Personal protective equipment is provided to employees and visitors. Please list the types of PPE (select all that apply): <input type="checkbox"/> Laboratory coat/gown <input type="checkbox"/> Eye/face protection <input type="checkbox"/> Gloves <input type="checkbox"/> Respiratory protection <input type="checkbox"/> Safety shoes

Training
<input type="checkbox"/> Are laboratory personnel trained prior to assuming their duties and on an annual basis? Are they trained on a laboratory specific biosafety manual that includes PPE, minimization of splashes, hand washing, sharps and spill training? <input type="checkbox"/> Does your organization have an occupational health and medical surveillance program in place which offers appropriate immunizations for the materials handled? Is training provided to employees on this program?

Equipment and Facilities
<input type="checkbox"/> Are decontamination equipment/procedures in place for the decontamination of surfaces, equipment, and waste? Please list all methods of waste disposal (check all that apply): <input type="checkbox"/> Chemical Inactivation <input type="checkbox"/> Autoclave - onsite/contractor <input type="checkbox"/> Incineration - onsite/contractor <input type="checkbox"/> Are the appropriate sharps containers provided for the laboratories? <input type="checkbox"/> Are hand washing facilities provided in the laboratories? Is an eyewash station available? <input type="checkbox"/> Is laboratory furniture provided that is designed for easy cleaning and made of appropriate material to withstand the laboratory work being performed? <input type="checkbox"/> Are facilities kept free from accumulations of rubbish, unwanted materials and objects that present hazards from tripping, fire, explosion and harbourage of pests?

Biosafety cabinets (BSC)
Biosafety cabinets (BSC) are required for the manipulation of BSL 2 or higher infectious materials. Please indicate the BSC type and certification schedule: <input type="checkbox"/> Class I Explain: <input type="checkbox"/> Class II <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> Other Explain: <input type="checkbox"/> Certification Schedule <input type="checkbox"/> Biennial <input type="checkbox"/> Annual <input type="checkbox"/> Other Explain:

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's Name (Print)

X _____
Biosafety Officer's Signature and Date

If different from page 1, please fill the following for Biosafety officer

Biosafety Officer's Organization / Department	Biosafety Officer's Contact (Email)
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