

# **New Lab Start-Up Program**

#### New Application

### Please email the completed form to:

<u>quote@revaccsci.com</u>

**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 Add	ress				
Check type of organization: Check type of organization: Diagnostic Lab Research Foundation U.S. Government Hospital/Clinic		fe Science	<ul> <li>☐ Industrial</li> <li>☐ Manufacturing</li> <li>☐ Food/Agriculture</li> <li>☐ Environmental</li> </ul>	<ul> <li>International Government</li> <li>3<sup>rd</sup> Party Purchasing Agent(e.g., Distributor, fill page 1 only)</li> <li>Others</li> </ul>			
Billing Information							
Choose payment preference (Credit terms net 30)  Credit Card  Purchase Order (domestic transaction only) Wire Transfer Other (please specify):  Are you tax exempt?  Yes (If yes, please send Tax Exempt Certificate with this application to above email) No							
	Principal	Investigator I	nformation (*require	d)			
PI First Name *		Idle Name		PI Last Name *			
Department	Buildi	ng		Room Number			
PI Telephone *	Fax (i	ncluding Countr	y Code)	PI E-mail *			
Ship	ping Address (Com	plete street a	ddress; PO Boxes are	not acceptable)			
First Name	Middle	e Name		Last Name			
Department	Department Building		Room Number				
Street Address (PO Boxes cannot be accepted)				City			
State/Province	Zip/Po	ostal Code		Country			
Telephone (including Country	Code) Fax (i	ncluding Countr	y Code)	E-mail			
Lab & Study Information							
Please tell us about your rese	arch goals and experi						
How you qualify? Starting a new lab;  Receiving your first research grant;  Moving your lab to a new location;							
			nditions Apply				
Principal Investigator. Please	note that the offer ex	cludes shipping	cost for temperature-s	ates only. Only one offer is available per ensitive items, and not all items may be prior notice. Please contact us if you have			

## 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

 $\hfill\square$  Access to laboratory is controlled with doors and sealed windows present.

□ All persons entering the laboratory are advised of entry/exit requirements through training and signage, with hazards and responsible parties' information posted.

- □ Policies are in place to prevent consumption of food/beverages.
- Personal protective equipment is provided to employees and visitors. Please list the types of PPE (select all that apply):
   Laboratory coat/gown
  - $\Box$  Eye/face protection
  - Gloves
  - □ Respiratory protection
  - □ Safety shoes

#### Training

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?
 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

□ 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):

- Chemical Inactivation
- □ Autoclave onsite/contractor
- □ Incineration onsite/contractor

□ Are the appropriate sharps containers provided for the laboratories?

□ Are hand washing facilities provided in the laboratories? Is an eyewash station available?

□ Is laboratory furniture provided that is designed for easy cleaning and made of appropriate material to withstand the laboratory work being performed?

□ Are facilities kept free from accumulations of rubbish, unwanted materials and objects that present hazards from tripping, fire, explosion and harbourage of pests?

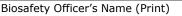
#### Biosafety cabinets (BSC)

Biosafety cabinets (BSC) are required for the manipulation of BSL 2 or higher infectious materials. Please indicate the BSCtype and certification schedule:

🗆 Class I
Explain:
Class II
🗆 A1
□ A2
🗆 B1
🗆 B2
🗆 Other
Explain:
□Certification Schedule
🗆 Biennial
🗆 Annual
🗆 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 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)	
DioSurcey	Officer 5	Contact		