



## New Account Application

New Customer Account

Please submit completed form and lab detail to:

[mail@revaccscientific.com](mailto:mail@revaccscientific.com)

4539 Metropolitan Court  
Frederick, Maryland 21704 USA

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

All information gathered will be used for ReVacc Scientific purposes only. Your information will not be shared with any outside organization. Please allow 1 to 5 business days after receipt of completed application for account approval.

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 <sup>rd</sup> Party Purchasing Agent(e.g., Distributor, fill page 1 only) <input type="checkbox"/> Others	
Billing Information			
<b>Choose payment preference (Credit terms net 30)</b>			
<input type="checkbox"/> Credit Card <input type="checkbox"/> Purchase Order (domestic transaction only) <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Other (please specify):			
<b>Are you tax exempt?</b>			
<input type="checkbox"/> Yes (If yes, please send Tax Exempt Certificate with this application to above email) <input type="checkbox"/> No			
Billing Address (Invoices will be sent to this address)			
<b>Please verify this information with the accounts payable department for your organization.</b>			
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)			
Same as above? <input type="checkbox"/> Yes; <input type="checkbox"/> No; (If no, please fill below)			
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	
International Order Shipping (no need to fill if shipping within USA)			
Will the recipient pay the international shipping, tax and duty? <input type="checkbox"/> Yes; We will ask the recipient's FedEx account No. <input type="checkbox"/> No; <input type="checkbox"/> Don't know		Will the recipient handle recipient own country's customs clearances? <input type="checkbox"/> Yes; <input type="checkbox"/> No; <input type="checkbox"/> Don't know	
How did you hear about our products? <input type="checkbox"/> Google; <input type="checkbox"/> Social media (Twitter, etc); <input type="checkbox"/> Email; <input type="checkbox"/> Colleague; <input type="checkbox"/> Article; <input type="checkbox"/> Other (please specify):			

**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**

- 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
  - 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 BSC type 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 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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