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New Account Application BSL 1

New Accounts are subject to approval. Print or

All information gathered will be used for ATCC purposes.
Please allow 3 to 5 business days after receipt of completed form.

全て英語表記で記入
してください(ご署名の
み日本語表記可)

Organization Information

Organization Name 大学/企業名			
Department 研究室/部署名		Web Site Address Webサイトアドレス	
Check type of organization:			
<input checked="" type="checkbox"/> University/Education	<input type="checkbox"/> Diagnostic Lab	<input type="checkbox"/> Industrial	<input type="checkbox"/> International Government
<input type="checkbox"/> Research Foundation	<input type="checkbox"/> Pharmaceutical/Drug Discovery	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> 3 rd Party Purchasing Agent (billing only)
<input type="checkbox"/> U.S. Government	<input type="checkbox"/> Biotechnology/Life Science	<input type="checkbox"/> Food Processing/Agriculture	<input type="checkbox"/> High School
<input type="checkbox"/> Hospital/Clinic	<input type="checkbox"/> Contract Laboratory	<input type="checkbox"/> Environmental	

Billing Address (Invoices will be sent to this address)

Please verify this information with the accounts payable department for your organization.

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)

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

End User Information (Primary End User)			
First Name 名前	Middle Name	Last Name 名字	Title 役職名(研究部門の責任者)
Department 部署名		Building	Room Number
Street Address (PO Boxes cannot be accepted) 所在地			City 都市名
State/Province 県名	Zip/Postal Code 郵便番号		Country
Telephone (including Country Code)	Fax (including Country Code)	E-mail	
Additional End User Information			
First Name 名前	Middle Name	Last Name 名字	Title 役職名
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	
Additional End User Information			
First Name 名前	Middle Name	Last Name 名字	Title 役職名
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	

Biosafety Level 1 is suitable for work involving well-characterized agents not known to consistently cause disease in immunocompetent adult humans, and present minimal potential hazard to laboratory personnel and the environment. Special containment equipment or facility design is not required, but may be used as determined by appropriate risk assessment. The following standard practices apply to BSL-1 (Biosafety in Microbiological and Biomedical Laboratories, 5th Edition, HHS Publication No. (CDC) 21-1112, Revised December 2009.

- Access to the laboratory is controlled and enforced.
- Laboratory personnel are trained on the hazards associated with handling the material and on standard cell/microbiological practices prior to beginning work and at least annually thereafter.
- Laboratory personnel are supervised by a scientist with training in microbiology or a related science.
- Personal protective equipment is provided and use is enforced.
- Decontamination procedures are in place and enforced for work surfaces, spills and biohazardous waste.

☒ I acknowledge that these policies apply to this facility and are enforced by our institutional policies and procedures.

X BSLに関する責任者名(ブロック体で記入)

X ご署名(日本語のサイン可)、記入日

Biosafety Officer or Environmental Officer (Print)

Biosafety Officer or Environmental Officer's Signature and Date

Intended Use

NOTE: Material purchased from ATCC is usually intended for research use only.

[For commercial use please contact Licensing@atcc.org](mailto:Licensing@atcc.org)

I will use ATCC Material for (check one):

- ☒ Research use only
☐ Commercial use
☐ Both research AND commercial use

Product Use

Please provide a scope of use for the materials:

ATCC製品のご使用目的(例: **XX**の研究、YYの標準品として使用 など)

Additional Required Information

・ **Material Transfer Agreement (MTA)**

The MTA must be completed and signed by an individual at your organization with the ability to execute legally binding documents on behalf of your organization. The MTA can be found on

・ **Curriculum Vitae**

A Curriculum Vitae may be required.

If you have questions regarding the status of your application, contact us by phone at 03-5684-1645,
[or by e-mail at atcc@funakoshi.co.jp](mailto:atcc@funakoshi.co.jp).

X 研究部門責任者名(ブロック体で記入)

Applicant First and Last Name (Print)

X ご署名(日本語のサイン可)、記入日

Applicant Signature and Date