

Laboratory Biosafety Level Acknowledgement

Annually, ZeptoMetrix requests a laboratory verification update of our Partner's/Customer's Biosafety Level Status. In order to provide shipment of desired microorganisms, we require you to verify the status of your Facility identified below.

Institution Name:
Principal Corporate Address:
Ship-To Facility Address for Material:
Biosafety Officer's Name:
Telephone:
Email:

Please check appropriate Biosafety Level:

_____ BSL-1 Facility: meaning that the Ship-To Facility adheres to the recommendations for practices, laboratory training and oversight, safety equipment, and facility design and construction related to the use and handling of BSL-1 materials as set forth in the PHS/CDC/NIH Biosafety in Microbiological and Biomedical Laboratories (5th Edition) HHS Publication No. (CDC) 21-1112 (<http://www.cdc.gov/biosafety/publications/bmbl5/>).

_____/_____
Initial Date

_____ BSL-2 Facility: meaning that the Ship-To Facility adheres to the recommendations for practices, laboratory training and oversight, safety equipment, and facility design and construction related to the use and handling of BSL-2 materials as set forth in the PHS/CDC/NIH Biosafety in Microbiological and Biomedical Laboratories (5th Edition) HHS Publication No. (CDC) 21-1112 (<http://www.cdc.gov/biosafety/publications/bmbl5/>).

_____/_____
Initial Date

_____ BSL-3 Facility: meaning that the Ship-To Facility adheres to the recommendations for practices, laboratory training and oversight, safety equipment, and facility design and construction related to the use and handling of BSL-3 materials as set forth in the PHS/CDC/NIH Biosafety in Microbiological and Biomedical Laboratories (5th Edition) HHS Publication No. (CDC) 21-1112 (<http://www.cdc.gov/biosafety/publications/bmbl5/>).

_____/_____
Initial Date

For BSL-3 Facilities:

As the Institution represents and warrants to ZeptoMetrix Corporation that the Ship-To Facility maintains a Biosafety Level 3 status, it is incumbent upon the Institution to update ZeptoMetrix immediately in writing with regards to any modification to this Level.

_____/_____
Initial Date

The undersigned represents that he or she is authorized to enter the foregoing Laboratory Biosafety Level Acknowledgement on behalf of the Institution.

Authorized Representative's Name:	
Signature:	Date
Printed Name:	Title:
Email:	Phone:

Upon completion of Acknowledgement, please forward to your direct Customer Service Representative or custserv@zeptometrix.com