*Filariasis Research Reagent Resource Center*

DO NOT WRITE IN THIS BOX

**Date Received:**_____

**FR3 Number:**

_____

# FR3 REGISTRATION FORM

**Please Read These Instructions Carefully and Print or Type Information Provided**

Eligibility

All laboratories using the FR3 program are required to register with the Filariasis Research Reagent Resource Center ("FR3"). Registration is necessary to protect rights of the depositor, Registrant Institution and FR3 contractors, and to ensure regulatory compliance of biological material transportation and use.

This Registration Form sets forth the terms governing the participation of the investigator listed below ("Registrant") in the Filariasis Research Reagent Repository Center (FR3), funded by the National Institute of Allergy and Infectious Diseases ("NIAID") and managed by the University of Georgia. In addition to this form, the applicable **Material Transfer Agreement(s) (MTA)** must also be completed and signed in order to receive biological materials from the FR3.

**To register you must be a Principal Investigator, Laboratory Director, or equivalent (public or academic institution), or a Director of Research or equivalent (private or for-profit institution).**

Signatures of the **Safety Officer** and **Authorized Institution Head** (an official capable of **legally binding your Institution**, e.g., president, vice-president, dean, or provost, but **NOT** a department chairman) **are required.**

Procedure

The terms contained herein will be effective on assignment of an FR3 Registration Number, which the FR3 will provide to the Registrant on receipt and acceptance of the documents outlined below.

1. This registration form, completed and fully executed,
2. Material Transfer Agreement(s) (MTA), completed and fully executed.

**Completed Form should be sent as PDF email attachments to: eburkman@uga.edu**

Shipping Information

**Your assigned FR3 Registration Number will be required for material requests. All**

**shipments will be shipped to the designated "Shipping Address" on this form only with no exceptions. If a shipping address changes within your institution, you must notify us.**

# Registration Form

| | |
|---|---|
| **Last Name:** | **First Name:** |
| | **Middle Name:** |
| **Title:** | **Email:** |
| **Phone:** | **Fax:** |
| **Institution:** | |

**Mailing Address**
**(for receipt of correspondence only)**

| | | |
|---|---|---|
| **Department** | **Building#** | **Room/Lab** |
| **Street Address** | | |

| | | | |
|---|---|---|---|
| **City** | **State / Province** | **Zip/Postal Code** | **Country** |

| | | |
|---|---|---|
| **Phone Number** | **Fax Number** | **E-mail Address** |

**Billing Address**
**Please check with your accounts payable department to verify the correct billing address for your organization**

| | |
|---|---|
| **Billing Department** | **Contact Person – for billing (First & Last Name)** |
| **Street Address / PO Box** | |

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|---|---|---|---|
| **City** | **State / Province** | **Zip / Postal Code** | **Country** |

| | | |
|---|---|---|
| **Phone Number (including Country Code)** | **Fax Number (including Country Code)** | **E-mail Address** |

**Shipping Address**
**Only Laboratory address; the certified BSL laboratory. All shipments will be shipped to the designated "Shipping Address"**

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|---|
| **Department/Subdivision** |
| **Building or Lab if applicable** |
| **Street Address (*Shipping requires a street address - materials cannot be shipped to a post office box.)** |
| **City/State** |
| **Country and Zip** |

| **FR3 is required to obtain BSL level of the lab facilities where materials may be shipped and used. A signature of the Institutional Biosafety Officer must appear below:** | |
|---|---|
| **Biosafety Containment Level* of the Lab Facility located at Shipping Address**<br>**Please check one: 1 ☐ 2 ☐ 3 or above ☐** | |
| **Biosafety Officer:**<br>_____<br>Printed First and Last Name / Signature | |
| *References: | |
| Biosafety in Microbiological and Biomedical Laboratories, US Department of Health and Human Services, 4th Edition, May 1999, http://www.cdc.gov/od/ohs/biosfty/biosfty.htm | WHO Laboratory Biosafety Manual, 2004; www.who.int/csr/resources/publications/biosafety/Biosafety7.pdf |

My institution is (check one):

☐ an academic institution or non-profit organization; or ☐ a commercial organization.

My research is supported by (please specify funding source, type of award, and identification number):

## TERMS AND CONDITIONS FOR USE OF MATERIALS OBTAINED THROUGH THE FR3

In consideration for participation in the FR3 program, including use of research materials ("Materials") obtained from the FR3, Registrant acknowledges and Registrant's Institution agrees to the following terms:

1. **Certification of Compliance with Safety Standards**

Registrant and Registrant's Institution are aware that all Materials distributed by the FR3 may be potentially biohazardous even when they are not specifically designated by a biohazard symbol. For this reason, Registrant and Registrant's Institution acknowledge that the requested Material(s) may pose health risks to persons handling or in the vicinity of the Materials, the environment and the community. Registrant acknowledges and Registrant's Institution certifies that Registrant and Registrant's Institution are cognizant of and will employ the appropriate biosafety standards including special practices, equipment and facilities. Registrant and Registrant's Institution will comply with all applicable Institution and Government health and safety regulations and the guidelines detailed in Biosafety in Microbiological and Biomedical Laboratories, 3rd Edition, DHHS Publication No. (CDC) 93-8395, May 1993, or the most recent revision of these guidelines. Registrant and Registrant's Institution will directly supervise all users of the Materials(s), and Registrant and Registrant's Institution will assume responsibility for assuring that those users of the Material(s) are cognizant of and comply with applicable safety standards and good laboratory practices.

2. **Certification of Use**

Except as provided in Term 3 below, Registrant acknowledges and Registrant's Institution certifies that all Materials provided to Registrant by the FR3, or unmodified derivatives of said Materials, will be used for research purposes only, in Registrant's laboratory only, at Registrant's Institution only. Registrant and Registrant's Institution acknowledge that unmodified derivatives include substances created through Registrant's use of a Material that constitute an unmodified functional subunit or product expressed by the Material.

**REGISTRANT ACKNOWLEDGES AND REGISTRANT'S INSTITUTION AGREES NOT TO DISTRIBUTE THE MATERIAL(S) OR UNMODIFIED DERIVATIVES THEREOF TO ANY PERSONS EXCEPT THOSE ENGAGED IN RESEARCH AT REGISTRANT'S INSTITUTION UNDER REGISTRANT'S DIRECT SUPERVISION AND WHO ACCEPT THESE RESTRICTIONS.**

3. **Commercial Uses**

Registrant acknowledges and Registrant's Institution agrees that Material(s) requested for research purposes will not be used for commercial purposes unless Registrant's Institution obtains a suitable commercialization agreement with the Depositor's Institution BEFORE using the Material(s) for any commercial purposes.

4. **Human Use**

REGISTRANT AND REGISTRANT'S INSTITUTION WILL NOT USE ANY MATERIALS NOR ANY DERIVATIVES THEREOF IN HUMANS OR FOR ANY CLINICAL DIAGNOSIS.

5. **Animal Use**

Registrant acknowledges and Registrant's Institution agrees that any Material(s) provided by the FR3, as well as any derivatives of said Materials, will be used in animals only as described in Public Health Service Policy on Humane Care and Use of Laboratory Animals, March, 1996, or the most recent version thereof (copies may be obtained from the NIH Division of Animal Welfare, Tel: 301/496-7163, or the U.S. Government Printing Office, Publication No. 249-260).

6. **Assumption of Shipping Costs**

Registrant acknowledges and Registrant's Institution agrees to assume responsibility for all shipping costs incurred by the FR3 in the handling and delivery to Registrant of any Material(s) requested by Registrant.

7. **Acknowledgement of Source**

Registrant and Registrant's Institution will acknowledge in all publications and presentations that describe Registrant's use of Materials supplied by the FR3 both the Depositor of the Material(s), as indicated on the Material Data Sheet, and the FR3. The suggested format for such acknowledgement is: "The following material was obtained through the Filariasis Research Reagent Resource Center, Division of Microbiology and infectious Diseases, NIAID, NIH: (Material name), (and if applicable, from [Depositor])."

8. **Reporting Requirement**

Registrant acknowledges and Registrant's Institution agrees to provide the FR3 with a description of Registrant's intended use of the requested Material(s) with each request. Registrant acknowledges and Registrant's Institution agrees to provide to the FR3 once per calendar year a listing of published (electronically or in hard copy) research papers, reviews and abstracts reporting Registrant's use of Material(s) obtained from the FR3. Registrant and Registrant's Institution acknowledge that their obligation to provide Annual Reports to the FR3 will end when Registrant and Registrant's Institution have used up or destroyed the Material(s) and any derivatives of the Material(s) and have provided written notification thereof to the FR3.

9. **Duration of Agreement**

The terms of registration with the FR3 are effective for five (5) years from the date registration is confirmed by the FR3. NIAID or Registrant's Institution may terminate this registration by written notice to the other Party at least thirty (30) days in advance of the desired date of termination. On termination or expiration of this Agreement Registrant and Registrant's Institution will destroy or return to the FR3 any remaining Material(s) obtained through the FR3 and, if the Material(s) were destroyed provide written notification thereof to the FR3 no later than the date of termination.

| *Acknowledged by Registrant (Investigator)* | *Duly Authorized for Registrant's Institution** |
|---|---|
| _____<br>Signature | _____<br>Signature |
| _____<br>Printed Name | _____<br>Printed Name and Title |
| _____<br>Date | _____<br>Date: |

***An official capable of legally binding your Institution**