

**REGISTER OF INDIVIDUALS AUTHORIZED TO ORDER PATHOGENS
FROM UKNCC COLLECTIONS: Please print and complete the form and mail it
to the collection you require the pathogen from.**

Please complete all sections of this form

1. Full name of investigator (1)

Full name (please print)

Normal signature

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Qualifications

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Place and year of qualification

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2. Full name of investigator (2)

Full name (please print)

Normal signature

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Qualifications

.....

Place and year of qualification

.....

3. Full name of Head of Department/Division

Full name (please print)

Normal signature

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4. Full name of officer responsible for biological safety or officer nominated by the Head of Department to sign the order form in their absence

Full name (please print)

Normal signature

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5. Laboratory containment

Please indicate the level of biological containment your laboratory works to (please tick one box)

- ACDP level 1 (or equivalent) •
- ACDP level 2 (or equivalent) •
- ACDP level 3 (or equivalent) •
- ACDP level 4 (or equivalent) •

6. Full name and address of your organisation including any alternative names by which your organisation is known

Name(s) of organisation

Full address of organisation

This section for collection use only

Date received

Registration number _ _ _ / _ _ / _ _ _