

Last updated: February 19, 2021

**Please complete this document to purchase ATCC products. This application is subject to review and approval. We will use the information contained in this document to establish your account.**

如需购买 ATCC 产品，请完善此表单。只有账户批准后才能开始订购。

We require the applicant to sign the application as well as a completed material transfer agreement (MTA) signed by an individual with the ability to execute legally binding documents on behalf of your organization. Depending on your selection for biosafety level, you may also need to have the Biosafety Officer for your organization sign this application.

需贵单位签署材料转让协议 (MTA)，MTA 需由可以代表贵单位执行具有法律约束力文件的人员签署。根据您选择的生物安全级别，还需要让贵单位的生物安全负责人签署此文件。

Based on the information contained in this application, additional documentation may be required. 根据您填写的内容，可能还需要您提供别的文件。

## Organization Information 机构信息

Complete this section with information about your organization.  
请完善贵单位信息。

Organization name (机构名称) :	
Department (optional) (部门 (选填)) :	
Country or region (国家或地区) :	Organization tax ID (统一社会信用代码) :
Organization designation (机构属性) :	
<input type="checkbox"/> For-profit	<input type="checkbox"/> Nonprofit

### Organization type (Check only one box) (机构性质 (仅可勾选一个))

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Academia or education     | <input type="checkbox"/> Contract research organization            | <input type="checkbox"/> IVD or assay development                 |
| <input type="checkbox"/> Agriculture               | <input type="checkbox"/> Cosmetics                                 | <input type="checkbox"/> Medical devices                          |
| <input type="checkbox"/> Bioinformatics            | <input type="checkbox"/> Food & beverage                           | <input type="checkbox"/> Purchasing agent, broker, or consultant  |
| <input type="checkbox"/> Bioproduction             | <input type="checkbox"/> Genomic profiling or testing              | <input type="checkbox"/> Reagents & tools supplier                |
| <input type="checkbox"/> CDMO or CMO               | <input type="checkbox"/> Government                                | <input type="checkbox"/> Secondary school (middle or high school) |
| <input type="checkbox"/> Chemical or environmental | <input type="checkbox"/> Hospital or clinical laboratory           | <input type="checkbox"/> Veterinary science                       |
| <input type="checkbox"/> Clinical laboratory       | <input type="checkbox"/> Human therapeutics R&D (pharma/biopharma) | <input type="checkbox"/> Other: _____                             |

## Billing Information 账单信息

Complete this section about billing information for your organization.  
请完善贵单位的账单信息

Address (地址) :	
Country or region (国家或地区) :	City (城市) :
State or province (省份) :	Postal code (邮编) :
Payment method preference (付款方式) :	
Wire transfer (电汇)	

## Billing Contact Information 账单联系人

Complete this section with information about the person that would handle billing for your organization. This person will be contacted if there are issues with billing.  
请在此处填写发票负责人的联系方式。如有关于发票的相关问题，会联系此人。

First name:	Middle name (optional):	
Last name:	Phone (电话) :	Extension (optional):
Email address (邮箱) :		
Electronic invoice email (optional) (接收电子发票的邮箱 (选填)) :		

## Shipping Information 收货信息

Complete this section about shipping information for your organization. For the application, you can only provide one shipping address. After your account is established, you will be able to add additional shipping addresses.  
请完善贵单位的收货信息。在此表单中，填写一个收货地址即可。后续订购过程中，如需发货到贵单位的其他地址，可新增收货地址。

**IMPORTANT:** Do not use a residential address for your shipping address (重要提示：如收货地址与贵单位的注册地址不同，请填写实际收货地址。)

Organization name (机构名称) :	
Address (地址) :	
Country or region (国家或地区) :	City (城市) :
State or province (省份) :	Postal code (邮编) :

## Biosafety Level Information 生物安全等级

Select the biosafety level to associate with the shipping address entered above. **(Select only one.)**

请选择贵单位收货实验室的生物安全等级（仅可选择一个）

### No Biosafety Level（无）

This account will not be able to purchase any product that has a biosafety level. 如选择这个选项，则仅可购买无生物安全级别标识的产品。

### Biosafety Level 1

ATCC determines the biosafety level for material shipments based on our risk assessment as guided by the current edition of *Biosafety in Microbiological and Biomedical Laboratories (BMBL)*, U.S. Department of Health and Human Services. I understand the hazards associated with the material we will be requesting and will receive, utilize, store, and dispose the material per our organization's policies and procedures and any other applicable regulations as enforced by local or national agencies. ATCC 根据美国卫生与公共服务部发布的 BMBL 来确认产品的生物安全级别。我充分了解我所购买的生物材料的危害，我们会根据我单位的要求以及我国现行的法规要求来接收、使用、储存并处置这些生物材料。如选择这个选项，则可购买 BSL-1 和无生物安全级别标识的产品。同时，需提供附件 3 中的《生物安全实验室情况说明》。

### Biosafety Level 2

ATCC determines the biosafety level for material shipments based on our risk assessment as guided by the current edition of *Biosafety in Microbiological and Biomedical Laboratories (BMBL)*, U.S. Department of Health and Human Services. I understand the hazards associated with the material we will be requesting and will receive, utilize, store, and dispose the material per our organization's policies and procedures and any other applicable regulations as enforced by local or national agencies. ATCC 根据美国卫生与公共服务部发布的 BMBL 来确认产品的生物安全级别。我充分了解我所购买的生物材料的危害，我们会根据我单位的要求以及我国现行的法规要求来接收、使用、储存并处置这些生物材料。如选择这个选项，则可购买 BSL-2、BSL-1 和无生物安全级别标识的产品。同时，需提供卫生健康委员会或者 CNAS 颁发的二级病原微生物实验室备案凭证。

### Biosafety Level 3

Biosafety level 3 is applicable to any facility where work is performed with indigenous or exotic agents that may cause serious or potentially lethal disease through inhalation. Laboratory personnel must receive specific training in handling pathogenic, potentially lethal agents and must be supervised by scientists competent in handling infectious agents. ATCC determines the biosafety level of a material based on our risk assessment as guided by the current edition of *Biosafety in Microbiological and Biomedical Laboratories (BMBL)*, U.S. Department of Health and Human Services. I understand the hazards associated with the material we will be requesting and will receive, utilize, store, and dispose the material per our organization's policies and procedures and any other applicable regulations as enforced by local or national agencies. BSL-3 实验室是按特殊要求建造的实验室，适合操作、研究会引起严重的、可能致死的疾病的病原微生物。实验室工作人员必须接受处理致病性、潜在致命性材料的专门培训，并且必须由有能力处理感染性物质的科学

家进行监督。ATCC 根据美国卫生与公共服务部发布的 BMBL 来确认产品的生物安全级别。我充分了解我所购买的生物材料的危害，我们会根据我单位的要求以及我国现行的法规要求来接收、使用、储存并处置这些生物材料。如选择这个选项，需提供 CNAS 颁发的生物安全三级实验室备案凭证。

Acknowledge the following if you selected biosafety level 1, 2, or 3 above. This is not required if you selected “No Biosafety Level” above. 如您选择 BSL 1、2、3，请确认以下内容。如您选择“**No Biosafety Level**”这个选项，则不用勾选此处。

**I, the Biosafety Officer , acknowledge that I have read , understand , and agree to the above terms as evidenced by my signature below.** 我，生物安全负责人，确认我已阅读、理解并同意上述条款，我会在如下“生物安全负责人”处签字确认。

## End User Information 使用人信息

Complete this section about the end user of ATCC products. You must provide at least one end user, but you can add up to two additional end users. After your account is established, you will be able to add additional end users. 请在此处填写使用人信息，至少填写一个使用人。账号申请成功后，可添加其他使用人信息。

	End user	End user (optional)	End user (optional)
First name			
Middle name (optional)			
Last name			
Street			
Building (optional)			
Room (optional)			
Department (optional)			
Country or region			
State or province			
City			
Postal code			
Email address			
Phone			
Phone extension (optional)			
Fax (optional)			

## Signatures 签字页

### Biosafety Officer

The person responsible for biosafety measures at the shipping location specified on this application needs to complete this section. This is not required if “No Biosafety Level” is selected under the *Biosafety Level Information* section.

收货实验室的生物安全负责人请在此处签字。如果您选择的生物安全级别为“*No Biosafety Level*”，则此处无需签字。

First name:
Middle name (optional):
Last name:
Email address:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### Applicant

First name:
Middle name (optional):
Last name:
Email address:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_