

NARSA REGISTRATION FORM


Do Not Write in This Space	
Registration Form Number:	_____
Approval Signature:	_____
Date:	_____

Name:	_____
Title:	_____
Institution:	_____
Department:	_____
Telephone Number:	_____
Fax Number:	_____
Email Address:	_____
Funding Support through NIH?	Yes ___ No ___
NIH Intramural Research Number:	_____
NIH Extramural Grant/Contract Number:	_____
<u>Shipping Information:</u>	<u>Note: Isolates will be shipped to the address specified below. Isolates cannot be shipped to a post office box.</u>
<u>Shipping information is not required for NARSA Core Investigators.</u>	_____
Shipping Address:	_____

Shipping Company:	_____
Shipping Company Account Number:	_____

Certification of Compliance with Safety Standards

Initials of Registrant: _____

I am aware that all isolates distributed by the NARSA Program are biohazardous and are specifically designated by a biohazard symbol (). I understand that the isolates might pose health risks to the environment, the community, and people handling or in the vicinity of the isolates. I certify that I am cognizant of and will employ the appropriate biosafety standards, including special practices, equipment, and facilities. I shall comply with all applicable institution and Government health and safety regulations and the guidelines detailed in *Biosafety in Microbiological and Biomedical Laboratories*, 4th Edition, GPO Stock No. 017-040-00547-4, May 1999, or the most recent revision of these guidelines. I will directly supervise all users of the isolates and I will assume responsibility for assuring that those users are cognizant of and comply with safety standards and good laboratory practices.

Certification of Use

Initials of Registrant: _____

I certify that all isolates provided by the NARSA Program and any materials derived from said isolates will be used for research purposes only, in my laboratory only, at this institution only. If the purpose of my research area changes, I agree to notify Eurofins Medinet, Inc. to receive approval for continued use of the isolates. Also, the isolates, or materials derived from them, will not be allowed to come into the possession of any people other than those engaged in research under my direct supervision who accept these restrictions.

Human Use

Initials of Registrant: _____

I agree to comply with *Protection of Human Subjects*, Title 45, Code of Federal Regulations, Part 46. I agree that none of the isolates provided by the NARSA Program nor any derivatives of said isolates will be used in humans or for any clinical diagnosis.

Animal Use

Initials of Registrant: _____

I agree that isolates provided by the NARSA Program and any materials derived from said isolates will be used in animals only as described in *Public Health Service Policy on Humane Care and Use of Laboratory Animals*, October, 2000, or the latest version thereof. (Copies can be obtained from the NIH Division of Animal Welfare [301-594-2506] or the United States Government Printing Office, Publication No. 249-260). I understand that Institutional Animal Care and Use Committee (IACUC) approval is required prior to use of any NARSA isolates in research involving animal subjects.

Do you plan to use the isolates in animals? Yes ___ No ___. If yes, please provide the following:

Most Current Institutional Animal Welfare Assurance of Compliance Number: _____

Approval Date: _____

Assumption of Shipping Costs

Initials of Registrant: _____

Note: Shipping costs are not applicable for NARSA core investigators

I agree to assume the costs of shipping isolates by providing my FedEx (or other carrier) shipping account number, or by making arrangements for prepaid shipments. I will confirm that the carrier is willing to ship biohazardous materials and can pick up shipments from the NARSA Program. No shipments will be made until my proposed shipping arrangements are accepted by the NARSA Program.

Acknowledgement of Source

Initials of Registrant: _____

I agree to acknowledge the National Institutes of Health/National Institute of Allergy and Infectious Diseases and its Network on Antimicrobial Resistance in *Staphylococcus aureus* (NARSA) Program in all publications and presentations of studies using isolates supplied by the NARSA Program. The preferred format for acknowledgments is as follows:

The following isolate was obtained through the Network on Antimicrobial Resistance in *Staphylococcus aureus* (NARSA) Program: <isolate name> supported under NIAID/NIH Contract No. HHSN272200700055C.

I also agree to provide copies of all publications and abstracts of presentations using data generated from the NARSA isolates or the NARSA Registry to NARSA Contract Administrator at the address provided with the registration instructions on the NARSA Website.

Reporting Agreement

Initials of Registrant: _____

I agree to provide the NARSA Program with a description of the planned use of the requested isolates with each isolate order form, to be separately submitted for each isolate order I place. (This description of planned use is for internal tracking purposes only).

If my employment at the institution identified on the first page of this form is terminated, I further agree to provide written notification to the NARSA Program at least thirty (30) days prior to my departure from said institution. I understand that if I want to continue to order isolates from the NARSA Repository or to access scientific data on the NARSA Website after my departure, I will have to re-register with the NARSA Program under the auspices of my new institution.

I Concur With All Statements Made Above

Note:	The officer who cosigns below must be someone who can legally bind your institution, such as a president, vice-president, dean, or provost. A department chairman cannot serve as a cosigner for this form.
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Registrant (Signature)

Officer of Institution (Signature)

Printed Name

Printed Name

Title

Title

Institution

Institution

Date

Date

BIOGRAPHICAL SKETCH

Complete this form if you do not want to send a curriculum vitae or biographical sketch from a recent NIH grant proposal with the NARSA Registration Form.

Name: _____

Title: _____

Institution: _____

Education

List the degrees you have received in chronological order, ending with the most recent.

Institution	Location	Degree	Year Conferred	Field of Study
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Research and Professional Experience

List your last three jobs in chronological order, ending with your current job.

Employer	Title	Dates of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____

Publications

List five articles you have published recently.


Research Focus

Describe the focus of your research in 50 words or less.

INDEMNIFICATION

Please complete the Standard Indemnification (page 7) OR the U.S. State Compliance Agreement (page 8) as appropriate.

STANDARD INDEMNIFICATION AGREEMENT

Researchers at private (for profit) universities, foundations, companies, foreign entities, or state institutions that can accept the wording of the Standard Indemnification Agreement must complete this form to obtain isolates, which are all biohazardous and are designated by a biohazard () symbol, from the NARSA Repository.

United States Government employees are not required to submit an indemnification agreement. For researchers at state institutions in the United States that cannot accept the terms of this agreement, a State Institution Compliance Agreement is provided on the next page.

As a Receiving Party of isolates (the "Substances") from the NARSA Repository, the Recipient Institution,

_____ ,
_____ ,
agrees to indemnify and hold harmless the United States Government and Eurofins Medinet, Inc., its divisions, affiliates, parents, subsidiaries, all their directors, officers, employees and agents, and their suppliers and contributors of isolates, from any claims, judgments, costs, damages, or expenses (including reasonable attorney fees) resulting from any injury to property and persons (including death), that may arise from the possession and use of the Substances or any derivative thereof by the Receiving Party.

The officer who is executing this agreement on behalf of the Recipient Institution warrants that the officer has full authority to do so, and to thereby legally bind the Recipient Institution.

Registrant (Signature)

Officer of Institution (Signature)

Printed Name

Printed Name

Title

Title


Institution

Institution

Date

Date

U.S. STATE INSTITUTION COMPLIANCE AGREEMENT

Researchers at public institutions in the United States that cannot sign the Standard Indemnification Agreement on the previous page must complete this State Institution Compliance Agreement to obtain isolates, which are all biohazardous and are designated by a biohazard () symbol, from the NARSA Repository.

Note:	This agreement is for researchers at state institutions in the United States only; researchers at private (for profit) institutions may not submit this form.
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As a Receiving Party of isolates (the "Substances") from the NARSA Repository, the Recipient Institution,

agrees to be responsible for any claims, judgments, costs, damages, or expenses resulting from any injury to property and persons (including death), damage, or loss that may arise from the possession and use of the Substances or any derivative thereof by the Receiving Party ***to the extent permitted under the laws of the State identified below.***

The officer who is executing this agreement on behalf of the Recipient Institution warrants that the officer has full authority to do so, and to thereby legally bind the Recipient Institution.

Registrant (Signature)

Officer of Institution (Signature)

Printed Name

Printed Name

Title

Title

Institution

Institution

State

State

Date: _____

Date: _____

Registrant (Signature)

Officer of Institution (Signature)