



## REGISTER OF INDIVIDUALS AUTHORIZED TO ORDER PATHOGENS FROM UKNCC COLLECTIONS

**This section for collection use only**

Date received:

Registration Number: NCPV/

Please complete this form and mail it to the collection from which you are requesting a pathogen. **Complete all sections!**

**1. Full Name of Investigator (1)**

Full Name (please print)

Normal signature

**Qualifications (with place and year)**

**2. Full Name of Investigator (2)**

Full Name (please print)

Normal signature

**Qualifications (with place and year)**

**3. Full Name of Head of Department/Division**

Full Name (please print)

Normal signature

**4. Full name of Officer Responsible for Biological Safety**

Full Name (please print)

Normal signature

**5. Laboratory Containment**

Please indicate the levels of biological containment laboratory available to you.

ACDP (or equivalent)

1 ☐ 2 ☐ 3 ☐ 4 ☐

**6. Full Name and Address of Your Organisation (including any alternative names by which it is known)**

Name(s)

Address

**National Collection of Pathogenic Viruses, Health Protection Agency,  
Centre for Emergency Preparedness and Response, Porton Down, Salisbury SP4 0JG, U.K.**