**NIA NHP TISSUE BANK ORDER FORM**

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| BRB Office Use Only | NIA Confirmation Number |  |

Primates harbor a number of known pathogens that pose serious health risks to humans, and it is unlikely that all potential human pathogens harbored by primates have been identified. Any person handling this material should review: The National Institutes of Health/Centers for Disease Control and Prevention, "Biosafety in Microbiological and Biomedical Research Laboratories”, published by NIH/CDC of the US DHHS and available from the Superintendent of Documents. Frozen nonhuman primate samples MUST be handled, at a minimum, at Biosafety Level 2. People with compromised immune systems may be at increased risk. Although several primate pathogens can cause serious human disease, of particular concern is Macacine herpes virus 1 (formerly “Herpes B virus”). Since it can be present in clinically normal macaques, Macacine herpes virus is present in most macaque colonies and this virus is known to cause a potentially fatal disease in humans.

Check this box to acknowledge agreement with the statements below:

I recognize that the primate material I have requested from the NIA Nonhuman Primate Tissue Bank represents a potential health hazard to humans and that these materials MUST be handled, at a minimum, at Biosafety Level 2. I am an investigator qualified through education and training to work with such material. I hereby assume all risk and responsibility in connection with the receipt, handling, storage, use and disposal of the material. I will ensure that all staff handling this material are proficient in the proper techniques for receipt, handling, storage, use and disposal of this material. I will also ensure that all such staff understands the potential health risks associated with handling this material.

Provide **all** information. Final orders must be received by **noon Wednesday (ET)** for following week delivery.

Email Tracy Cope [copet@nia.nih.gov](mailto:copet@nia.nih.gov?subject=NHP%20Tissue%20Bank%20Order%20Inquiry) to inquire and confirm availability before submitting your final order.

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| Delivery date: | |  | | |  | | | |
| Principal Investigator: | |  | | | | | Email: |  |
| Institution: | |  | | | | | | |
| Name of project: | |  | | | | | | |
| Funding agency and grant number: | | |  | | | | | |
| Contact Person: | |  | | | | | | |
| FAX: |  | | Phone: |  | | Email: | |  |
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| Shipping Address: |
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|  |  |  |  |  | Quantity | | |
| Species | | Age | Gender | Tissue | Frozen | Fixed | OCT |
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| Special Instructions: |  |
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