



INSTITUT PASTEUR

Date :

FROM :

TO :

Centre de Ressources Biologiques
 de l'Institut Pasteur
 25 rue du Dr. Roux - B.P. 52
 75724 PARIS CEDEX 15
 Phone number : 33-1.44.38.91.95
 : 33-1.45.68.87.75
 Fax number : 33-1.40.61.30.07

Fax number :

Number of
 page(s) : *including coversheet*

SUBJECT : *Responsibility form*

We acknowledge receipt of your order of biological material(s) n° ,
 dated .

According to laws and level of pathogenicity of the requested biological material(s) regarding your order, please send us the following statement on your letterhead paper:

“I declare that I will assume any risk or responsibility in connection with the receipt, handling, storage and use of the biological material delivered by the CRBIP”.

The person in charge of the laboratory must sign the statement.

Thank you in advance.

Sincerely yours,

CRBIP secretary

Référence	Version	Date d'application
AY00080-08	B	18.08.2010