



FAX

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
Fax number : 33-1.45.68.87.75

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. I confirm that I will not give neither this or the biological material(s) nor the DNA to other laboratories.

We have to know the utilization of this biological material in your laboratory.

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

Thank you in advance.

Sincerely yours,

CRBIP secretary

Référence	Version	Date d'application
AY00080-09	B	18.08.2010