



## Culture Collections Registration Form Authorisation to Order Restricted Pathogens

**Please read this page before completing the registration form on page 2**

Distribution restrictions exist for some hazardous pathogens available from the Culture Collections of UK Health Security Agency. Individuals seeking access to restricted cultures will be assessed by the Culture Collections, who may seek government agency advice, before authorisation to receive a restricted item is provided.

Your order for restricted pathogens will not be processed without the form on page 2 of this document being completed in full. Orders for restricted pathogens must be placed by either of the named investigators on this form and can only be sent to that named investigator at the address given.

**Return the completed form by post to:**

Culture Collections  
UK Health Security Agency  
Porton Down  
Salisbury  
Wiltshire  
SP4 0JG  
UK

**Or alternatively scan the completed form and email to [culturecollections@ukhsa.gov.uk](mailto:culturecollections@ukhsa.gov.uk)**

The form remains valid for a period of one year from date of signature, after which the investigator would be asked to re-register. Orders for HG4 Pathogens require a new Registration form for every order.

**Please note** in section 5 a SAPO site licence no. is only required when ordering a SAPO pathogen and a URN no. or confirmation of notification to hold a Schedule 5 pathogen is only required when ordering a Schedule 5 pathogen (UK only)

**Key to Acronyms:**

SAPO	Specified animal pathogens order (UK)
HG	Hazard Group
ACDP	Advisory Committee on Dangerous Pathogens (UK)
HSE	Health and Safety Executive (UK)
DEFRA	Department for Environment, Food and Rural Affairs (UK)



### Culture Collections Registration Form – Authorisation to Order Restricted Pathogens

1. Full Name of Investigator (1)	
Print:	Normal Signature:
Email address:	Date:
Qualifications (with place and year):	
2. Full Name of Investigator (2)	
Print:	Normal Signature:
Email address:	Date:
Qualifications (with place and year):	
3. Full Name of Head of Department/Division	
Print:	Normal Signature:
Email address:	Date:
4. Full Name of Officer Responsible for Biological Safety	
Print:	Normal Signature:
Email address:	Date:
5. Laboratory Containment	
Please indicate the levels of biological containment laboratory available to you.	
ACDP (or equivalent Biosafety Level - BSL)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
SAPO site licence no. (UK only) <input type="checkbox"/>	Licence number:
URN no. for holding Schedule 5 pathogens or confirmation of notification to hold a Schedule 5 pathogen: (UK only)	
6. Full Name and Delivery Address of Your Organisation (including any alternative names by which it is known)	
Name(s):	
Address:	
Website:	
<input type="checkbox"/> (check box)	Please check box to confirm that all persons have read and understood the warnings and advice given in CONDITIONS OF SUPPLY OF NCTC, NCPF AND NCPV CULTURES: SAFETY [This information is available on the Culture Collections website: <a href="http://www.culturecollections.org.uk/orderinginfo/conditionsofsupplyofmicrobialpathogenssafety">www.culturecollections.org.uk/orderinginfo/conditionsofsupplyofmicrobialpathogenssafety</a>

Culture Collections Use	
Date Received:	
Registration Number:	