

**PLEASE TRANSFER THIS FORM TO YOUR INSTITUTION'S
LETTERHEAD/STATIONARY**

DATE:

To Whom It May Concern:

We would like to purchase products from:

Toxin Technology, Inc.

7165 Curtis Ave. Sarasota, Florida 34231-8012 USA

E-Mail: ToxTech@att.net; Phone: 941-925-2032; Fax: 941-925-2130

These purchases will include one or more products classified by the US Centers for Disease Control (CDC) as **toxic or infectious select agents** in accordance with US regulations 42 CFR 73. We will comply with the regulations therein.

Intended Use Declaration

The Initial Order will include the following **select agent(s)**: _____

It is understood that we can have no more than 5 mg, total of Staphylococcal enterotoxins or 100 mg of Shigatoxins, Ricin or Abrin in our possession at any one time without registering with the CDC for the use of these "Select Agents". **42 CFR 73.5.4**

The product(s):

- 1) are to be used in a laboratory by qualified personnel for research purposes only.
- 2) will not be used for any illegal purposes
- 3) will be disposed of properly and completely when research is completed

The product listed above is to be used in the following application (Brief Description):

Authorized signature _____

(Principle Investigator) _____

Print Name, Title, Date _____

Affiliation / Company _____

CDC Registration Number (If Applicable, not needed if exempt under 42 CFR 73)
