

In response to the RECIPIENT's request for the MATERIAL [insert description]

[Is the MATERIAL of human origin? Yes No. If Yes, was the MATERIAL collected according to 45 CFR Part 46, "Protection of Human Subjects"? Yes No. If Yes, please provide Assurance Number: _____.]

the PROVIDER asks that the RECIPIENT and the RECIPIENT SCIENTIST agree to the following before the RECIPIENT receives the MATERIAL:

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The PROVIDER, RECIPIENT and RECIPIENT SCIENTIST must sign both copies of this letter and return one signed copy to the PROVIDER. The PROVIDER will then send the MATERIAL.

PROVIDER INFORMATION and AUTHORIZED SIGNATURE

Provider Scientist: _____
 Name of Authorized Official: _____
 Title of Authorized Official: _____

Provider Organization: NIAID, NIH, DHHS
 Address for Notices: OTD, 6610 Rockledge Drive,
Room 4071, MSC 6606, Bethesda, MD 20892-6606
 (Zip Code for Courier: 20817) (301-496-2644/fax: 402-7123)

Certification of Authorized Official: This Simple Letter Agreement has / has not [check one] been modified. If modified, the modifications are attached.

 Signature of Authorized Official

 Date

RECIPIENT INFORMATION and AUTHORIZED SIGNATURE

Recipient Scientist: _____
 Name of Authorized Official: _____
 Title of Authorized Official: _____

Recipient Organization: _____
 Address for Notices: _____

 Signature of Authorized Official

 Date

Certification of Recipient Scientist: I have read and understood the conditions outlined in this Agreement and I agree to abide by them in the receipt and use of the MATERIAL.

 Recipient Scientist

 Date