

NCPV Internal Use Only	
Date Received:	
Registration Number:	NCPV/

## NCPV Registration Form – Authorisation to Order Restricted Pathogens

Distribution restrictions exist for some hazardous pathogens available from the National Collection of Pathogenic Viruses (NCPV). Individuals seeking access to restricted viruses will be assessed by the NCPV before authorisation to receive a restricted item is provided.

It is necessary to register with the NCPV to be considered for access to restricted viruses. **Original signatures** are required, therefore please complete this form and post it to the HPA Culture Collections.

1. Full Name of Investigator (1)	
Print:	Normal Signature:  <i>(sign &amp; date)</i>
Qualifications (with place and year):	
2. Full Name of Investigator (2)	
Print:	Normal Signature:  <i>(sign &amp; date)</i>
Qualifications (with place and year):	
3. Full Name of Head of Department/Division	
Print:	Normal Signature:  <i>(sign &amp; date)</i>
4. Full Name of Officer Responsible for Biological Safety	
Print:	Normal Signature:  <i>(sign &amp; date)</i>
5. Laboratory Containment	
Please indicate the levels of biological containment laboratory available to you.	
ACDP (or equivalent)      1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
6. Full Name and Address of Your Organisation (including any alternative names by which it is known)	
Name:	
Address:	