



540 Division Street, Campbell, California 95008-6906
Tel. (408) 866-6363 Fax (408) 866-6364
www.listlabs.com

LETTER OF ASSURANCE

We require assurance that the products, which you receive from List Biological Laboratories, Inc. (“List Labs”), will be used by qualified persons in appropriate facilities for legitimate need (bone fide research or other peaceful purposes). We are required to comply with the due diligence requirements of US regulations 42 CFR parts 73.3 – 73.4 and 9 CFR parts 121.3 – 121.4.

By signing below, you accept this condition and certify that product(s) received from List Labs will be used for (check all that apply):

- FOR RESEARCH OR TESTING PURPOSES ONLY, NOT FOR USE IN HUMANS.**
- FOR MANUFACTURING AND TESTING PRODUCTS PREPARED UNDER AN INVESTIGATIONAL NEW DRUG APPLICATION (IND) OR FOR A FOOD & DRUG ADMINISTRATION APPROVED DRUG.**

Furthermore, the quantity of Select Agents & Toxins in your possession, including the amount to be furnished by List Labs, will not in the aggregate exceed that allowed by applicable laws and regulations. For current excluded amounts which US institutions may possess without being registered, consult the website for the Federal Select Agent Program: www.selectagents.gov. Custom manufacturing of material for clinical use in humans may be contracted and requires separate agreements.

Provide to List Labs the following information as attachment(s) to this letter of assurance:

1. A brief description of the research or testing which will be done using List Labs’ products. Justify the legitimate need.
2. References for up to ten scientific publications and/or patents (particularly your own publications and/or patents) illustrating the receiver’s research interests, experience and capabilities.
3. A short description of the institution and facility where work will be done.

Complete the entire form below:

Product(s) Interested in Receiving: _____

Ultimate Consignee’s Authorized Recipient: _____

Title of Ultimate Consignee’s Authorized Recipient: _____

Name and Title of End-User of Product(s): _____

End-User’s Degree and University Attended: _____

Name of Principal Investigator (PI) or Institution Director and Title: _____

Director or PI’s Degree and University Attended: _____

Company or Institution Name: _____

Complete Shipping Address: _____

Direct Telephone Number and Email of End-User: _____



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Department or Institution Main Telephone Number: _____

Signature of End User: _____ Date (mo/day/year): _____

Signature of PI or Institution Director: _____ Date (mo/day/year): _____

Number of additional pages submitted _____. Please return by email to orders@listlabs.com so that your request may be processed.