

Simple Letter Agreement for the Transfer of Public Health Emergency Materials

In response to the RECIPIENT's request for the MATERIAL, the PROVIDER asks that the RECIPIENT and the RECIPIENT SCIENTIST agree to the following before the RECIPIENT receives **Zika virus, Honduras isolate R103451** "MATERIAL" (The term "MATERIAL" as used in this agreement means the original material transferred and excludes any progeny or derivatives made by the RECIPIENT):

1. The above MATERIAL is the property of the PROVIDER and is made available as a service to the research community.
2. THIS MATERIAL IS NOT FOR USE IN HUMAN SUBJECTS.
3. The MATERIAL may be used for any legitimate purpose required to rapidly prevent, detect, prepare for and respond to the spread or transmission of the public health pathogen.
4. The MATERIAL may be further distributed to other entities for the purpose described in paragraph 3 under terms no more restrictive than this Agreement.
5. The RECIPIENT agrees to acknowledge the source of the MATERIAL in any publications reporting use of it.
6. Any MATERIAL delivered pursuant to this Agreement is understood to be experimental in nature and may have hazardous properties. THE PROVIDER MAKES NO REPRESENTATIONS AND EXTENDS NO WARRANTIES OF ANY KIND, EITHER EXPRESSED OR IMPLIED. THERE ARE NO EXPRESS OR IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, OR THAT THE USE OF THE MATERIAL WILL NOT INFRINGE ANY PATENT, COPYRIGHT, TRADEMARK, OR OTHER PROPRIETARY RIGHTS.
7. The RECIPIENT agrees to use the MATERIAL in compliance with all applicable statutes and regulations.

Signatures Begin on the Next Page.


PROVIDER INFORMATION and AUTHORIZED SIGNATURE

Provider Organization: American Type Culture Collection (ATCC)

Address: 10801 University Boulevard
Manassas, VA 20110-2209

Name of Authorized
Official: Stewart N. Davis

Title of Authorized
Official: Director, Intellectual Property and Licensing

Signature of
Authorized
Official: 

RECIPIENT INFORMATION and AUTHORIZED SIGNATURE

Recipient Scientist: _____

Recipient Organization: _____

Address: _____

Name of Authorized
Official: _____

Title of Authorized
Official: _____

Signature of
Authorized
Official/Date Signed: _____

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