

Biosafety Questionnaire

		Order number:	
(please use capital letters	here)		
First name:	Surname:	Position:	
Organization:			
has placed the order, or b email as an attachment. <u>I</u>	y any authorized representative of the on order to avoid delays with the synthes	to be printed, completed and signed by the person, who rdering institution. You can send the order back to us, via is of your order, please make sure that you send this form your collaboration, and we look forward to starting the	
Does the sequence of you	ur requested m-block fully or partially en	code a toxin?	
☐ Yes ☐ No	If yes, please specify (e.g. position	n(s) x/y, sequence name(s)):	
Does the sequence of you	ır requested m-block originate from a pa	ithogen?	
☐ Yes ☐ No	If yes, please specify (e.g. position	n(s) x/y, sequence name(s)):	
Could the sequence of yo	ur requested m-block replicate itself wit	hin its host?	
☐ Yes ☐ No	If yes, please specify (e.g. position	n(s) x/y, sequence name(s)):	
Does the requested m-bl	ock encode a replication competent and,	or infectious form of a virus?	
□ Yes □ No	If yes, please specify (e.g. position	n(s) x/y, sequence name(s)):	
	•	on receipt, we will perform a feasibility check on your molock positions in your order fail our feasibility check:	
☐ metabion is allowed to	proceed with the synthesis of those m-	plocks that do pass the feasibility check.	
☐ metabion should remo	ve all the m-block positions from your o	rder (any other item will be processed as normal).	
By signing this form, you agre	ee that:		
 You ensure complia The purchase of the You will prevent fu incorrectly using an 	rther distribution of the m-blocks to individual distribution of the material.		
Date		Signature	