Town of Lexington

Office of Community Development
Health Division
1625 Massachusetts Avenue
Lexington, MA 02420
(781)-862-0500 x 84533
Fax (781)-861-2780

Gerard F. Cody, R.E.H.S./R.S.
Health Director x84503

Kathy P. Fox, R.E.H.S. /R.S., C.H.O., CP-FS
Environmental Health Agent x84507

David Neylon, B, S.N., R.N.
Public Health Nurse x84509

Board of Health
Wendy Heiger-Bernays, PhD, Chair
Sharon Mackenzie, R.N., CCM
Burt M. Perlmutter, M.D.
David S. Geller, M.D.
John L. Flynn, J.D.

Application For Permit To Conduct Recombinant DNA Research

Please fill out the following information to receive a permit to conduct recombinant DNA research in accordance with the Lexington Board of Health Regulations entitled " Regulations for Use of Recombinant Molecule Technology" effective as of October 8, 1997:

In addition to the information below, please supply all information required in the Lexington Regulations, Section V, Permits.

Name of Applicant_____

Type of Establishment_____

Corporate Address_____

Telephone Number_____FAX_____

President (Full Name)_____

Biosafety Officer
(Full Name)_____

List Organisms Being Used**:**

_____

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Please supply all information requested in Section V, Permits, of the Lexington Health Regulations for rDNA technology.

Date_____ Date_____

Signature_____ Signature _____
(President) (Biosafety Officer)

Permit Fee: $500.00

Please make check payable to the Town of Lexington and mail to:
Town of Lexington
Health Department
1625 Massachusetts Avenue
Lexington, MA 02420