



April 8, 2014

NIST
Peter Vallone
100 Bureau Dr.
Gaithersburg, MD 20899
United States

Email Address: peter.vallone@nist.gov
Fax Number:

Customer Purchase Order Number:
NIST Sales Order Number:

Dear NIST Standard Reference Material Customer:

This letter is to notify the user and purchaser of SRM 2366 Cytomegalovirus (CMV) for DNA Measurements that the certified values for the number of amplifiable CMV genome copies listed in Table 1 of the Certified of Analysis (COA) are no longer valid. A re-analysis of the SRM components using digital PCR indicates evidence for variable degradation of the DNA construct. NIST recommends immediately discontinuing the use of SRM 2366. We truly regret that this SRM has degraded well before the expiration date listed on the COA. Accordingly, NIST will issue a refund and provide a free replacement once it is available. Instructions are provided below.

For a Refund and free Replacement:

NOTE: An immediate refund will be processed to customers that purchased the SRM directly from NIST; however, the replacement batch, SRM 2366a, will NOT be available until approximately August 2014.

- Please email srminfo@nist.gov or call 301-975-2200 and select number 1 for Standard Reference Materials and provide your NIST Sales Order Number.
- Confirm your contact and mailing information for the free replacement. Upon shipment of SRM 2366a, NIST will send a notification along with the carrier tracking number.
- If you did not pay via credit card, NIST requires us to deposit the refund amount directly to your account at your financial institution via Electronic Funds Transfer (EFT). Therefore, please complete the Payee/Company Information and the Financial Institution Information sections of the attached form and return by fax or postal service to Heejung Kim of the NIST Finance Division:

Fax Number: 301-975-8943
Address: Finance Division (Attn: Heejung Kim)
100 Bureau Dr.
Bldg. 101, Rm. A800 MS 1624
Gaithersburg, MD 20899-1624

For sales orders that have different billing and shipping addresses, NIST is sending this letter to both in an attempt to notify the purchaser and the user. However, I sincerely appreciate your help in ensuring that this information reaches the appropriate person(s).

If I can be of further assistance, please do not hesitate to contact me at robert.watters@nist.gov or 301-975-4122. If there are any technical questions or concerns, you may contact Ross Haynes of the NIST Biomolecular Measurement Division at ross.haynes@nist.gov or 301-975-4479 or Peter Valone at peter.vallone@nist.gov at 301-975-4872. Thank you for your assistance in this matter, and we sincerely regret any inconvenience that this may cause.

Sincerely,

Dr. Robert L. Watters, Jr., Director
Office of Reference Materials

Enclosure

cc: Ross Haynes
Peter Vallone

**ACH VENDOR/MISCELLANEOUS PAYMENT
ENROLLMENT FORM**

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY

National Institute of Standards and Technology

AGENCY IDENTIFIER

53-0205706

AGENCY LOCATION CODE (ALC)

13060001

ACH FORMAT:

CCD + CTX CTP

ADDRESS:

Finance Division 100 Bureau Drive Building 101 Room A800 MS1624

Gaithersburg, MD 20899-1624

CONTACT PERSON NAME:

Heejung Kim

TELEPHONE NUMBER:

(301) 975-2272

ADDITIONAL INFORMATION:

Fax Number (301) 975-8943

PAYEE/COMPANY INFORMATION

NAME:

SSN NO. OR TAXPAYER ID NO.

ADDRESS:

DUNS:

CONTACT PERSON NAME:

TELEPHONE NUMBER:

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FINANCIAL INSTITUTION INFORMATION

NAME:

ADDRESS:

ACH COORDINATOR NAME:

TELEPHONE NUMBER:

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NINE-DIGIT ROUTING TRANSIT NUMBER:

DEPOSITOR ACCOUNT TITLE:

DEPOSITOR ACCOUNT NUMBER:

LOCKBOX NUMBER:

TYPE OF ACCOUNT:

CHECKING SAVINGS LOCKBOX

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:

(Could be the same as ACH Coordinator)

TELEPHONE NUMBER:

()

Instructions for Completing SF 3881 Form

1. Agency Information Section - Federal agency prints or types the name and address of the Federal program agency originating the vendor/miscellaneous payment, agency identifier, agency location code, contact person name and telephone number of the agency. Also, the appropriate box for ACH format is checked.
2. Payee/Company Information Section - Payee prints or types the name of the payee/company and address that will receive ACH vendor/miscellaneous payments, social security or taxpayer ID number, and contact person name and telephone number of the payee/company. Payee also verifies depositor account number, account title, and type of account entered by your financial institution in the Financial Institution Information Section.
3. Financial Institution Information Section - Financial institution prints or types the name and address of the payee/company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account title and account number. Also, the box for type of account is checked, and the signature, title, and telephone number of the appropriate financial institution official are included.

Burden Estimate Statement

The estimated average burden associated with this collection of information is 15 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property and Supply Branch, Room B-101, 3700 East West Highway, Hyattsville, MD 20782 and the Office of Management and Budget, Paperwork Reduction Project (1510-0056), Washington, DC 20503.