**U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service**



CONTINUATION PAGE FOR APPLICATION FOR PERMIT TO IMPORT INFECTIOUS BIOLOGICAL AGENTS INTO THE UNITED STATES

FORM APPROVED OMB NO. 0920-0199 EXP DATE xxxx

Continuation Page of continuation pages

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| **SECTION D continuation (Other Final Destinations of Imported Biological Agent)** | | | | | | | | | | | |
| 1. Last Name of Recipient at Other Final Destination | | 2. First Name | | | | 3. MI | 4. Destination Organization | | | | |
| 5. Final Destination Address *(NOT a post office box)* | | | | | 6. City | | | | | 7. State | 8. Zip Code |
| 9. Telephone | | | 10. Fax | | | | | 11. Email | | | |
| **SECTION E continuation (Description of Imported Biological Agent)** | | | | | | | | | | | |
| 1. Intended use(s) of imported agent(s) Diagnostic Education  Research Production  Clinical trials Other *(please describe)*: | | | 2. Provide a detailed description of the work to be accomplished with the imported agent(s)  *(Describe your work clearly & simply. Include background, purpose, objectives, methods, etc.)* | | | | | | | | |
| **SECTION G continuation (Biosafety Measures)** | | | | | | | | | | | |
| 1. Primary Containment to be used *(Check all that apply)*  None (open bench) Class I  Class II, Type Class III  Fume Hood  Other *(please describe)*: | 2. Personal Protective Measures to be used *(Check all that apply)*  Gloves  Protective Clothing Goggles and/or Face Shield Facemask  Respirators:  Type N95/100 PAPR  Immunizations  Other *(please describe)*: | | | 3. Personnel Training provided *(Check all that apply)*  Risk(s) associated with the imported  biological agent(s)  Hazardous Material Packing/Shipping Laboratory Standard Practices Hazardous Waste Handling/Disposal Emergency Response Procedures Spill Procedures  Other *(please describe)*: | | | | | 4. Has the permittee implemented biosafety measures commensurate with the hazard posed by the infectious biological agent, infectious substance, and/or vector to be imported, and the level of risk given its intended use?  No Yes *(Plan may be required to be submitted)* | | |