



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

Continuation Page _____ of _____ continuation pages

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)

<p>1. Intended use(s) of imported agent(s)</p> <p><input type="checkbox"/> Diagnostic <input type="checkbox"/> Education</p> <p><input type="checkbox"/> Research <input type="checkbox"/> Production</p> <p><input type="checkbox"/> Clinical trials <input type="checkbox"/> Other (please describe):</p>	<p>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.)</p>
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SECTION G continuation (Biosafety Measures)

<p>1. Primary Containment to be used (Check all that apply)</p> <p><input type="checkbox"/> None (open bench)</p> <p><input type="checkbox"/> Class I</p> <p><input type="checkbox"/> Class II, Type _____</p> <p><input type="checkbox"/> Class III</p> <p><input type="checkbox"/> Fume Hood</p> <p><input type="checkbox"/> Other (please describe):</p> <p>_____</p>	<p>2. Personal Protective Measures to be used (Check all that apply)</p> <p><input type="checkbox"/> Gloves</p> <p><input type="checkbox"/> Protective Clothing Goggles and/or Face Shield</p> <p><input type="checkbox"/> Facemask</p> <p><input type="checkbox"/> Respirators: Type <input type="checkbox"/> N95/100 <input type="checkbox"/> PAPR</p> <p><input type="checkbox"/> Immunizations</p> <p><input type="checkbox"/> Other (please describe):</p> <p>_____</p>	<p>3. Personnel Training provided (Check all that apply)</p> <p><input type="checkbox"/> Risk(s) associated with the imported biological agent(s)</p> <p><input type="checkbox"/> Hazardous Material Packing/Shipping</p> <p><input type="checkbox"/> Laboratory Standard Practices</p> <p><input type="checkbox"/> Hazardous Waste Handling/Disposal</p> <p><input type="checkbox"/> Emergency Response Procedures</p> <p><input type="checkbox"/> Spill Procedures</p> <p><input type="checkbox"/> Other (please describe):</p> <p>_____</p>	<p>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?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (Plan may be required to be submitted)</p>
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