



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

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

FORM APPROVED  
OMB NO. 0920-0199  
EXP DATE 01/31/2017

Guidance for completing this form is available at <http://www.cdc.gov/od/eaipp/importApplication/>. This form may be submitted by mail, fax, or email attachment to the Centers for Disease Control and Prevention, Import Permit Program. Mailing Address: 1600 Clifton Road NE, Mailstop A-46, Atlanta, GA 30333. Fax: 404-471-8333. E-mail: [ImportPermit@cdc.gov](mailto:ImportPermit@cdc.gov). Telephone: 404-718-2077.

**Please submit completed form only once by either email, fax, or mail**

Application Number:
Permit # issued
(For Program use ONLY)

SECTION A, Person Requesting Permit in US (Permittee)									
1. Permittee's Last Name		2. Permittee's First Name		3. MI	4. Permittee's Organization				
5. Physical Address (NOT a post office box)					6. City		7. State	8. Zip Code	
9. Permittee's Telephone Number			10. Permittee's Fax Number			11. Permittee's Email			
12. Secondary Contact's Name			13. Secondary Contact's Telephone Number			14. Secondary Contact's Email Name			
15. Will the permittee be the courier of the imported biological agent? <input type="checkbox"/> Yes <input type="checkbox"/> No				16. Will other members of the organization listed above, in Section A Block 4, be authorized to use the approved permit? <input type="checkbox"/> No <input type="checkbox"/> Yes if Yes $\Rightarrow$			17. Check here <input type="checkbox"/> if you have included a Continuation Form to list others authorized to use this permit		
SECTION B, Sender of Imported Infectious Biological Agent(s) or Vector(s)									
1. Sender's Last Name ( <input type="checkbox"/> Check if same as Sec A)		2. First Name		3. MI	4. Sender's Organization				
5. Physical Address Outside of the US (NOT a post office box)				6. City		7. State/Prov.	8. Country		9. Postal Code
10. Telephone		11. Fax		12. Email			13. Check here <input type="checkbox"/> if you have included a Continuation Form to list multiple senders		
SECTION C, Shipment Information									
1. Method(s) of Shipment <input type="checkbox"/> Commercial Carrier (e.g., FedEx) <input type="checkbox"/> Hand-carried by (provide name of person): _____		2. Number of Shipments <input type="checkbox"/> Single Shipment <input type="checkbox"/> Multiple Shipments i. Estimated # of shipments: _____		3. Shipment Temperature(s) <input type="checkbox"/> Ambient <input type="checkbox"/> Frozen/Refrigerated		4. Anticipated U.S. Port(s) of Entry			
SECTION D, Final Destination of Imported Infectious Biological Agent(s) or Vector(s)									
1. Is final destination of biological agent(s) or vector(s) different from address in Section A? <input type="checkbox"/> No (skip to Section E) <input type="checkbox"/> Yes $\Rightarrow$		2. Last Name of Recipient at Destination		3. First Name			4. MI		
5. Destination Organization		6. Final Destination Address (NOT a post office box)			7. City		8. State	9. Zip Code	
10. Telephone		11. Fax		12. Email			13. Check here <input type="checkbox"/> if you have included a Continuation Form to list multiple final destinations		

**APPLICATION FOR PERMIT TO IMPORT INFECTIOUS BIOLOGICAL AGENTS, INFECTIOUS SUBSTANCES, OR VECTORS OF HUMAN DISEASE INTO THE UNITED STATES**  
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**SECTION E, Description of Infectious Biological Agent(s)**

1. Intended use(s) of imported agent(s) <input type="checkbox"/> Diagnostic <input type="checkbox"/> Research <input type="checkbox"/> Clinical trials <input type="checkbox"/> Education <input type="checkbox"/> Production <input type="checkbox"/> 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.)				3. Check here <input type="checkbox"/> if you included a Continuation Form to list additional agents to be imported with this Permit.	
4. Scientific name of known/suspected biological agent(s) including Genus and species	5. Strain Designation (list "N/A" if not applicable)	6. Location		7. Laboratory or Storage (Select one or both)		8. Laboratory Safety Level (Leave blank if storage only)	9. Person Responsible for Laboratory
		Bldg	Suite/Room	Lab	Storage		
a.				<input type="checkbox"/>	<input type="checkbox"/>		
b.				<input type="checkbox"/>	<input type="checkbox"/>		
c.				<input type="checkbox"/>	<input type="checkbox"/>		
d.				<input type="checkbox"/>	<input type="checkbox"/>		

**SECTION F, Description of Material(s) Containing the Infectious Biological Agent(s) or Vector(s) to be Imported**

1. Source of material(s) being imported (Check all that apply) <input type="checkbox"/> Infected or suspected infected human <input type="checkbox"/> Infected or suspected infected vector (APHIS permit may be required) i (please describe) _____ ii Vector viability: <input type="checkbox"/> live <input type="checkbox"/> dead <input type="checkbox"/> Environment (please describe): _____ <input type="checkbox"/> Other (please describe): _____		2. Description of material(s) containing biological agent(s) (Check all that apply and provide description below) <input type="checkbox"/> Field-collected specimen <input type="checkbox"/> Laboratory isolate/culture <input type="checkbox"/> Blood/blood products <input type="checkbox"/> Other body fluids <input type="checkbox"/> Tissues/organs <input type="checkbox"/> Body parts <input type="checkbox"/> Vector <input type="checkbox"/> Other i Provide a detailed description of the material containing the biological agent: _____	
3. Does the material contain animal products or byproducts (e.g., Fetal Calf Serum or Bovine Serum Albumin)? <input type="checkbox"/> No <input type="checkbox"/> Yes (APHIS Import Permit may also be required)			

**SECTION G, Biosafety Measures**

1. Primary Containment to be used (Check all that apply) <input type="checkbox"/> None (open bench) <input type="checkbox"/> Class I <input type="checkbox"/> Class II, Type _____ <input type="checkbox"/> Class III <input type="checkbox"/> Fume Hood <input type="checkbox"/> Other (please describe): _____	2. Personal Protective Measures to be used (Check all that apply) <input type="checkbox"/> Gloves <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Goggles and/or Face Shield <input type="checkbox"/> Facemask <input type="checkbox"/> Respirators: Type <input type="checkbox"/> N95/100 <input type="checkbox"/> PAPR <input type="checkbox"/> Immunizations <input type="checkbox"/> Other (please describe): _____	3. Personnel Training provided (Check all that apply) <input type="checkbox"/> Risk(s) associated with the imported biological agent(s) <input type="checkbox"/> Hazardous Material Packing/Shipping <input type="checkbox"/> Laboratory Standard Practices <input type="checkbox"/> Hazardous Waste Handling/Disposal <input type="checkbox"/> Emergency Response Procedures <input type="checkbox"/> Spill Procedures <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes (Plan may be required to be submitted)
5. Anticipated disposition of Infectious Biological Agent(s) (and material containing it) when work is completed <input type="checkbox"/> Will be <b>retained</b> at address listed in SECTION A <input type="checkbox"/> Will be <b>transferred</b> to location listed in SECTION D <input type="checkbox"/> Will be <b>destroyed</b> (please complete Block 6)		6. If Agent(s) will be destroyed, list expected method(s) of destruction <input type="checkbox"/> Thermal (describe method): _____ <input type="checkbox"/> Chemical (describe chemical): _____ <input type="checkbox"/> Irradiation (describe energy source): _____ <input type="checkbox"/> Other (please describe): _____	

I hereby certify that all individuals listed in this application have the appropriate qualifications, experience and training to safely handle the agents being imported and that the information submitted in this application is complete and accurate to the best of my knowledge and belief. I agree to comply with all conditions, restrictions and precautions that may be specified in any permit that may be issued. Additionally, I agree to comply with all applicable regulations and guidelines that govern this transfer. I understand that failure to comply with the importation requirements may subject me to criminal penalties pursuant to 42 U.S.C. 271. I understand that any false statement made in this application may subject me to criminal penalties pursuant to 18 U.S.C. 1001.

**SECTION H, Signature of Permittee**

1. Permittee's Signature (REQUIRED)	2. Permittee's Printed Name (Print name)	3. Date Signed (MM/DD/YYYY)
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