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

SECTION A

SECTION B

SECTION C

SECTION D

SECTION E

SECTION F

SECTION G

Section A

PERSON REQUESTING PERMIT IN U.S.(PERMITTEE)

Primary Permittee Request

1. Primary Permittee's Last Name *

2. Primary Permittee's First Name *

3. Primary Permittee's Organization *

4. Physical Address (NOT a post office box) *

5. City *

6. State *

-- Select an option--



7. Zip Code *

____ - ____

8. Permittee's Telephone Number *

(____) ____ - ____ ext. ____

9. Permittee's Email *

10. Will the permittee be the courier of the imported biological agent? *

- Yes
- No

11. Secondary Contact's Name

12. Secondary Contact's Telephone Number

() - ext.

13. Secondary Contact's Email


14. Institutional Biosafety Officer's Name

15. Institutional Biosafety Officer's Telephone Number

() - ext.

16. Institutional Biosafety Officer's Email

Authorized User(s)

First Name**Last Name****Organization** Add From Template Add User

Section B

SENDER OF IMPORTED INFECTIOUS BIOLOGICAL AGENT(S) OR VECTOR(S)

Sender(s)

First Name**Last Name****Organization****Country** Add From Template Add Sender

Section C

SHIPMENT INFORMATION

1. Method(s) of Shipment *

Must choose at least one of the below

- Commercial Carrier (e.g., FedEx)
- Hand-carried by individuals listed in Section A

2. Estimated Number of Shipments *

Section D

DESCRIPTION OF INFECTIOUS BIOLOGICAL AGENT(S) AND PERMITTEE'S LABORATORY

1. Intended use(s) of imported agent(s): *

Must choose at least one of the below

- Diagnostic
- Research
- Clinical trials
- Education
- Production
- Other

2. Provide a detailed description of the work to be accomplished with the imported agent(s) (Describe your work clearly & concisely, include background, purpose, objectives, methods, etc.)*******3. Will the agent(s) be propagated or cultured? ***

- Yes
- No

4. Will the agent(s) be used to inoculate animals or arthropods? *

- Yes
 No

Infectious Biological Agents

Scientific Name	Strain	Building Location	Room Location	Lab	Lab Safety Level	Storage
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[Add From Template](#)[Add Infectious Biological Agent](#)

Section E

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)

Must choose at least one of the below

- Infected or suspected infected human
 Infected or suspected infected vector
 Environment
 Recombinant/synthetic (please describe)
 Other

2. Description of material(s) containing biological agent(s) *

Must choose at least one of the below

- Field-collected specimen
- Laboratory derived isolate/culture
- Blood/blood products
- Other bodily fluids
- Tissues
- Organs/Body parts
- Vector
- Other

Provide a detailed description of the material containing the biological agent*

Section F

BIOSAFETY MEASURES

1. Primary Containment to be used (Check all that apply) *

- None (open bench)
- Class I

- Class II
- Class III
- Fume Hood
- Negative pressure ventilated enclosure with HEPA filtration
- Other

2. Personal Protective Measures to be used (Check all that apply) *

- Gloves
- Protective Clothing
- Goggles
- Face Shield
- Facemask
- N95 or N100 Respirator
- Powered Air Purifying Respirator (PAPR)
- Immunizations
- Other

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

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? (Submission of a biosafety plan may be required for permit approval) *

- Yes
 No

5. Anticipated disposition of Infectious Biological Agent(s) (and material containing it) when work is completed *

Must choose at least one of the below

- Will be **retained** at address listed in SECTION A
 Will be **transferred** to location listed in SECTION G
 Will be **destroyed**

Section G

FINAL DESTINATION(S) OF IMPORTED BIOLOGICAL AGENT(S) OR VECTOR(S)

1. Will the permittee transfer the imported materials to locations not listed in Section D above? *

- Yes
 No

 Signature

Certification: 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.

Signature of Respondent:

Date:

FORM APPROVED
OMB NO. 0920-0199
EXP DATE 04/30/2021

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DSAT Contact Information

Centers for Disease Control and Prevention
Import Permit Program
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Atlanta, GA 30329
Telephone: 404-718-2000
Email: importpermit@cdc.gov

Help and Support

[eFSAP Customer Support Request Form \(https://www.cdc.gov/phpr/ipp/support.htm\)](https://www.cdc.gov/phpr/ipp/support.htm)
Telephone: (833) 271-8310
Email: ePPSupport@cdc.gov

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