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 12/31/2019

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: 404-718-2093. E-mail: ImportPermit@cdc.gov. Telephone: 404-718-2077. ***Please submit completed form only once by either email, fax, or mail***

SECTION A - Person Requesting Permit in U.S. (Permittee)

1. Permittee's Last Name	2. Permittee's First Name	3. Permittee's Organization		
4. Physical Address *(NOT a post office box)*		5. City	6. State	7. Zip Code
8. Permittee's Telephone Number	9. Permittee's Email	10. Will the permittee be the courier of the imported biological agent? a Yes b No		
11. Secondary Contact's Name	12. Secondary Contact's Telephone Number	13. Secondary Contact's Email Name		
14. Institutional Biosafety Officer's Name	15. Institutional Biosafety Officer's Telephone Number	16. Institutional Biosafety Officer's Email Name		

CLICK HERE TO ADD ADDITIONAL ROWS (AUTHORIZED USERS OF THE PERMIT)

SECTION B - Sender of Imported Infectious Biological Agent(s) or Vector(s)

1. Sender's Last Name	2. Sender's First Name	3. Sender's Organization	
4. Physical Address Outside of the U.S. *(NOT a post office box)*	5. City	6. State/Providence	7. Country
8. Postal Code	9. Telephone Number	10 Email	

CLICK HERE TO ADD ADDITIONAL ROWS (ADDITIONAL SENDERS)

SECTION C - Shipment Information

1. Method(s) of Shipment	2. Estimated Number of Shipments **[Enter numeric value]**
a Commercial Carrier *(e.g., FedEx)* b Hand-carried by individuals listed in Section A	

SECTION D - Description of Infectious Biological Agent(s) and Permittee's Laboratory

1. Intended use(s) of imported agent(s)	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.)*
a Diagnostic b Research c Clinical trials d Education e Production ff Other *(please describe)*:	
3. Will the agent(s) be propagated or cultured? **X Yes X No** If yes, will the total culture volume exceed 10 liters at any point? **X Yes X No**	4. Will the agent(s) be used to inoculate animals or arthropods? **X Yes X No** If yes, will this be by the aerosol route? **X Yes X No**

5. Scientific name	6. Strain (if	7. Building	8. Suite/Room	9. Laboratory	10. Storage	11. Safety Level

of known/suspected biological agents(s) include Genus and species	applicable)	Location	Location			**X BSL-1** **X BSL-2** **X BSL-3** **X BSL-4** **X ABSL-1** **X ABSL-2** **X ABSL-3** **X ABSL-4** **X ACL-1** **X ACL-2** **X ACL-3** **X ACL-4** **X BSL-3 Ag**
CLICK HERE TO ADD ADDITIONAL ROWS (Infectious Biological Agent(s))						

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)*
- [a] Infected or suspected infected human
- [b] Infected or suspected infected vector
  - [1] live [2] dead
- [c] Environment *(please describe)*:_____
- c Recombinant/synthetic *(please describe)*:_____
- [d] Other *(please describe)*:_____

2. Description of material(s) containing biological agent(s) *(Check all that apply and provide description below)*
- [a] Field-collected specimen
- [b] Laboratory derived isolate/culture
- [c] Blood/blood products
- [d] Other body fluids
- [e] Tissues
- [f] Organs/Body parts
- [g] Vector
- [h] Other

i 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)*
- [a] None (open bench)
- [b] Class I
- [c] Class II, Type _____
- [d] Class III
- [e] Fume Hood

Negative pressure ventilated enclosure with HEPA filtration
- [f] Other *(please describe)*:

2. Personal Protective Measures to be used *(Check all that apply)*
- [a] Gloves
- [b] Protective Clothing
- [c] Goggles

X Face Shield
- [d] Facemask
- [e] N95 or N100 Respirator

X Powered Air Purifying Respirator (PAPR)
- [f] Immunizations
- [g] Other *(please describe)*:_____

3. Personnel Training provided *(Check all that apply)*
- [a] Risk(s) associated with the imported biological agent(s)
- [b] Hazardous Material Packing/Shipping
- [c] Laboratory Standard Practices
- [d] Hazardous Waste Handling/Disposal
- [e] Emergency Response Procedures
- [g] Spill Procedures
- [h] 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?

[a] No [b] Yes *(Plan may be required to be submitted)*

5. Anticipated disposition of Infectious Biological Agent(s) (and material containing it) when work is completed
- [a] Will be **retained** at address listed in SECTION A
- [b] Will be **transferred** to location listed in SECTION G
- [c] Will be **destroyed** *(please complete Block 6)* ⇨

6. If Agent(s) will be destroyed, list expected method(s) of destruction
- [a] Thermal:

X Onsite Autoclave

X Onsite Incineration
- [b] Chemical *(describe chemical)*:_____
- [c] Irradiation *(describe energy source)*:_____

X Contracted hazardous waste disposal company (name of company):

_____
- [d] Other *(please describe)*: _____

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. **X Yes (complete items 2-25) X No**

2. Last Name of Recipient at Destination	3. First Name	4. Destination Organization	
5. Final Destination Address *(NOT a post office box)*	6. City	7. State	8. Zip Code
9. Telephone Number	10. Email:		

11. Intended use(s) of imported agent(s)
[a] Diagnostic
[b] Research
[c] Clinical trials
[d] Education
[e] Production
[ff] Other *(please describe)*:

12. 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.)*

13. Will the agent(s) be propagated or cultured? **X Yes X No**
If yes, will the total culture volume exceed 10 liters at any point? **X Yes X No**

14. Will the agent(s) be used to inoculate animals or arthropods? **X Yes X No**
If yes, will this be by the aerosol route? **X Yes X No**

15. Scientific name of known/suspected biological agents(s) include Genus and species	16. Strain (if applicable)	17. Building Location	18. Suite/Room Location	19. Laboratory	20. Storage	21. Safety Level
						X BSL-1 **X BSL-2** **X BSL-3** **X BSL-4** **X ABSL-1** **X ABSL-2** **X ABSL-3** **X ABSL-4** **X ACL-1** **X ACL-2** **X ACL-3** **X ACL-4** **X BSL-3 Ag**

22. Primary Containment to be used *(Check all that apply)*
[a] None (open bench)
[b] Class I
[c] Class II, Type _____
[d] Class III
[e] Fume Hood
Negative pressure ventilated enclosure with HEPA filtration
[f] Other *(please describe)*:

23. Personal Protective Measures to be used *(Check all that apply)*
[a] Gloves
[b] Protective Clothing
[c] Goggles
X Face Shield
[d] Facemask
[e] N95 or N100 Respirator
X Powered Air Purifying Respirator (PAPR)
[f] Immunizations
[g] Other *(please describe)*:_____

24. Personnel Training provided *(Check all that apply)*
[a] Risk(s) associated with the imported biological agent(s)
[b] Hazardous Material Packing/Shipping
[c] Laboratory Standard Practices
[d] Hazardous Waste Handling/Disposal
[e] Emergency Response Procedures
[g] Spill Procedures
[h] Other *(please describe)*:
_____

25. 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?
[a] No [b] Yes *(Plan may be required to be submitted)*

+ CLICK HERE TO ADD ADDITIONAL ROWS (Final Destinations of Imported Biological Agent(s) or Vector(s))

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)*