

Permit to Import Biological Agents or Vectors of Human Disease

The new database, “Electronic Import Permit Program portal (eIPP)” will capture all information from the Permit to Import Biological Agents or Vectors of Human Disease as noted below in the screenshots.

For Section A,

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 *

209 of 225 characters left

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

215 of 225 characters left

5. City *

217 of 225 characters left

6. State *

7. Zip Code *

For Section B,

Section B

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

Sender(s)

First Name	Last Name	Organization	Country
<input type="text" value="Rectangular"/>			

Add From TemplateAdd Sender

For Sections C &D,

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

For Section E,

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)

[Reciprocal Ship](#)

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*

For Section F,

Section F

BIOSAFETY MEASURES

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

Must choose at least one of the below

- | | |
|---|--|
| <input type="checkbox"/> None (open bench) | <input type="checkbox"/> Class III Biological Safety Cabinet |
| <input type="checkbox"/> Class I Biological Safety Cabinet | <input type="checkbox"/> Fume Hood |
| <input type="checkbox"/> Class II Biological Safety Cabinet | <input type="checkbox"/> Negative pressure ventilated enclosure with HEPA filtration |
| | <input type="checkbox"/> Other |

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

Must choose at least one of the below

- | | |
|--|--|
| <input type="checkbox"/> Gloves | <input type="checkbox"/> N95 or N100 Respirator |
| <input type="checkbox"/> Protective Clothing | <input type="checkbox"/> Powered Air Purifying Respirator (PAPR) |
| <input type="checkbox"/> Goggles | <input type="checkbox"/> Immunizations |
| <input type="checkbox"/> Face Shield | <input type="checkbox"/> Other |
| <input type="checkbox"/> Facemask | |

3. Personnel Training provided (Check all that apply) *

Must choose at least one of the below

- | | |
|---|--|
| <input type="checkbox"/> Risk(s) associated with the imported biological agent(s) | <input type="checkbox"/> Emergency Response Procedures |
| <input type="checkbox"/> Hazardous Material Packing/Shipping | <input type="checkbox"/> Spill Procedures |
| <input type="checkbox"/> Laboratory Standard Practices | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hazardous Waste Handling/Disposal | |

For Section G,

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 Rectangular Snip

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:

07/17/2018

Public reporting burden

Public reporting burden of providing this information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D74, Atlanta, Georgia

The new database, “Electronic Import Permit Program portal (eIPP)” will capture all information from the Application for Permit to Import or Transfer Live Bats as noted below in the screenshots.

For Section A,

APPLICATION FOR PERMIT TO IMPORT OR TRANSFER LIVE BATS

SECTION A

SECTION B

SECTION C

SECTION D

SECTION E

Section A

PERSON REQUESTING PERMIT IN U.S.A.

1. Permittee's Last Name *

Martin

2. Permittee's First Name *

Diane

3. Permittee's Organization *

CDC/DSAT
217 of 225 characters left

4. Address (NOT a post office box) *

1600 Clifton Road
33 of 50 characters left

5. City *

Atlanta
43 of 50 characters left

6. State *

7. Zip Code *

For Section B,

6. State *

Georgia

7. Zip Code *

30329-____

8. Permittee's Telephone Number *

(404)718-2032ext.____

9. Permittee's Email *

zny2@cdc.gov

10. Secondary Contact's Name

11. Secondary Contact's Telephone Number

() - ____ ext. ____

12. Secondary Contact's Email

Section B

SOURCE OF BATS

1. Last Name of Sender *

Smith
220 of 225 characters left

2. First Name *

William
218 of 225 characters left

3. Organization *

BATS Research Organization
199 of 225 characters left

For Section C,

Section C

DESCRIPTION OF BATS

Indicate Species of Bats and Total Number to be Imported

Species	Common Name	Family	Count		
Myotis myotis	Greater mouse eared bat	Family Not Specified	5	Edit	Remove

[Add From Template](#) [Add Bat](#)

5. Source *

Wild Caught
 Captive Bred

If wild-caught, indicate where bats were obtained (e.g., name of cave, game reserve, town, province)

Bing cave, Bavaria

6. Proposed use of bats *

-- Select an option--
Education
Exhibition
Scientific

If other, please describe:

254 of 255 characters left

Note

For Section D,

Section D

TYPE OF PERMIT AND SHIPMENT INFORMATION

1. Import or Transfer? *

Importation into U.S.
 Transfer within the U.S.

2. Size of transport container(s): *

2x2x4
250 of 255 characters left

3. Number of bats per container(s): *

5

4. Method of transport: *

Air

For Section E,

Section E

BIOSAFETY MEASURES FOR FACILITIES AND TECHNICAL PERSONNEL

1. Description of 180-day quarantine laboratory facilities and equipment *

Bats will be housed in a quarantine facility on Metro zoological park campus. The room is equipment with directional airflow and bats will be kept in aviary isolate housing.

9826 of 10000 characters left

1A. Animal Biosafety level (ABSL) of 180-day quarantine facility *

ABSL2

1B. Personal Protective Measures to be used *

- | | |
|---|--|
| <input checked="" type="checkbox"/> Gloves | <input checked="" type="checkbox"/> N95 or N100 Respirator |
| <input checked="" type="checkbox"/> Protective Clothing | <input type="checkbox"/> Powered Air Purifying Respirator (PAPR) |
| <input checked="" type="checkbox"/> Goggles | <input type="checkbox"/> Other |
| <input type="checkbox"/> Face Shield | |
| <input type="checkbox"/> Facemask | |

2. Description of post-quarantine housing *

Bats will be housed in specially designed bat house. The bat house lighting will be artificially maintained to minimize impact on bat activity.

For Section F,

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:

07/17/2018

The new database, “Electronic Import Permit Program portal (eIPP)” will capture all information from the Application for Permit to Import Infectious Human Remains into the United States as noted below in the screenshots.

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 ✓

7. Zip Code *

8. Permittee's Telephone Number *

9. Permittee's Email *

10. Secondary Contact's Name

11. Secondary Contact's Telephone Number

12. Secondary Contact's Email

Section B


SENDER OF IMPORTED INFECTIOUS HUMAN REMAINS

Sender(s)			
Last Name	First 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 <input type="checkbox"/> Commercial Carrier (e.g., FedEx) <input type="checkbox"/> Hand-carried by individuals listed in Section A	2. Expected Date of Import * mm/dd/yyyy 	3. Shipping Container * Must choose at least one of the below <input type="checkbox"/> Hermetically sealed casket <input type="checkbox"/> Leakproof container <input type="checkbox"/> Other (please describe)
---	---	--

Section D

FACILITY PROCESSING HUMAN REMAINS

1. Intended use(s) of imported human remains: * Must choose at least one of the below <input type="checkbox"/> Interment <input type="checkbox"/> Cremation <input type="checkbox"/> Other										
2. Provide a detailed description of the handling or manipulation of human remains (Describe any work with unenabled human remains outside of sealed transport container. e.g. cremation, embalming, identity verification.) * <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div>										
Facilities Processing Human Remains										
<table border="1"><thead><tr><th>Building Location</th><th>Suite/Room Location</th><th>Lab</th><th>Lab Safety Level</th><th>Storage</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>	Building Location	Suite/Room Location	Lab	Lab Safety Level	Storage					
Building Location	Suite/Room Location	Lab	Lab Safety Level	Storage						

 Add From Template  Add Facility Processing Human Remains

3. Building Location *

4. Suite/Room Location *

5. Laboratory *

 Lab

6. Laboratory Safety Level

-- Select an option --

7. Storage *

 Storage

Clear

Add Facility & Add Template

Add Facility

Close

Section E

CAUSE OF DEATH

1. Cause of Death *

2. Date of Death ✓

mm/dd/yyyy

Section F

BIOSAFETY MEASURES

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

Must choose at least one of the below

- None (open bench) Fume Hood
 Downdraft Table Other

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

Must choose at least one of the below

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

3. Personnel Training provided (Check all that apply) *

Must choose at least one of the below

- Risk(s) associated with the imported infectious human remains
 Hazardous Material Packing/Shipping
 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 Human Remains (and material containing it) when work is completed *

Must choose at least one of the below

- Will be interred
 Will be transferred to location listed in SECTION G
 Will be cremated

Section G

FINAL DESTINATION(S) OF INFECTIOUS HUMAN REMAINS

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

- Yes
 No

Final Destination(s)

Recipient Last Name

Recipient First Name

Destination Organization

[Add Final Destination](#)

Add New Final Destination

2. Last Name of Recipient at Destination * <input type="text"/>	3. First Name * <input type="text"/>	4. Destination Organization * <input type="text"/>
5. Final Destination Address (NOT a post office box) * <input type="text"/>	6. City * <input type="text"/>	
7. State * -- Select an option--	8. Zip Code * <input type="text"/>	
9. Telephone Number * <input type="text"/>	10. Email * <input type="text"/>	
11. Intended use(s) of infectious human remains * Must choose at least one of the below <input type="checkbox"/> Cremation <input type="checkbox"/> Interment <input type="checkbox"/> Other		
12. Provide a detailed description of the work to be accomplished with the imported human remains (Describe any work with unembalmed human remains outside of sealed transport container, e.g., cremation, embalming, identity verification) *		

13 - 17. Select a facility (Options listed are carried over from your entries in Section D) *

[Add To List](#)

Infectious Human Remains				
Building Location	Room Location	Lab*	Lab Safety Level	Storage *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

18. Primary Containment to be used *

Must choose at least one of the below

None (open bench)
 Downdraft Table
 Fume Hood
 Other

19. Personal Protective Measures to be used *

Must choose at least one of the below

- | | |
|--|---|
| <input type="checkbox"/> Gloves | <input type="checkbox"/> N95, N100 Respirator, or Powered Air Purifying Respirator (PAPR) |
| <input type="checkbox"/> Protective Clothing | <input type="checkbox"/> Immunizations |
| <input type="checkbox"/> Goggles | <input type="checkbox"/> Other |
| <input type="checkbox"/> Face Shield | |
| <input type="checkbox"/> Facemask | |

20. Personnel Training provided *

Must choose at least one of the below

- Risk(s) associated with the imported infectious human remains
 Hazardous Material Packing/Shipping
 Other

21. 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? *

- 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 human remains 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:

08/28/2020

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

Public recording burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0199).