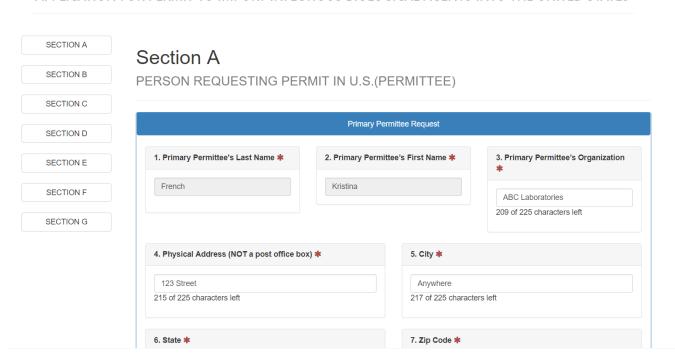
Permit to Import Biological Agents or Vectors of Human Disease

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



For Section B,

Section B

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



For Sections C &D,

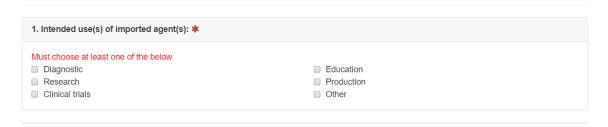
Section C

SHIPMENT INFORMATION

2. Estimated Number of Shipments *

Section D

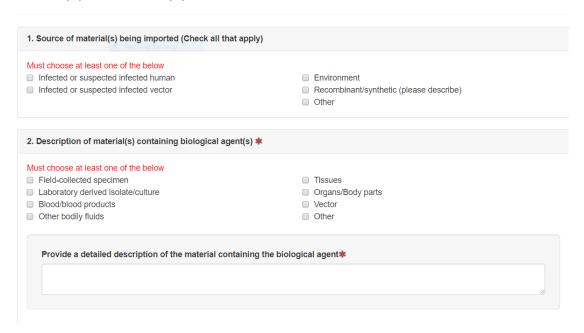
DESCRIPTION OF INFECTIOUS BIOLOGICAL AGENT(S) AND PERMITTEE'S LABORATORY



For Section E,

Section E

DESCRIPTION OF MATERIAL(S) CONTAINING THE INFECTIOUS BIOLOGICAL AGENT(S) OR VECTOR(S) TO BE IMPORTED



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		
☐ None (open bench)	Class III Biological Safety Cabinet	
Class I Biological Safety Cabinet	☐ Fume Hood	
Class II Biological Safety Cabinet	☐ Negative pressure ventilated enclosure with HEPA filtration	
	Other	
2. Personal Protective Measures to be used (Check all that app	ply) *	
Must choose at least one of the below		
☐ Gloves	☐ N95 or N100 Respirator	
☐ Protective Clothing	☐ Powered Air Purifying Respirator (PAPR)	
☐ Goggles	☐ Immunizations	
☐ Face Shield	☐ Other	
☐ Facemask		
3. Personnel Training provided (Check all that apply) *		
Must choose at least one of the below		
Risk(s) associated with the imported biological agent(s)	☐ Emergency Response Procedures	
☐ Hazardous Material Packing/Shipping	☐ Spill Procedures	
□ Laboratory Standard Practices	☐ Other	
☐ Hazardous Waste Handling/Disposal		

For Section G,

Section G

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



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.		
Date:		
07/17/2018		
1		

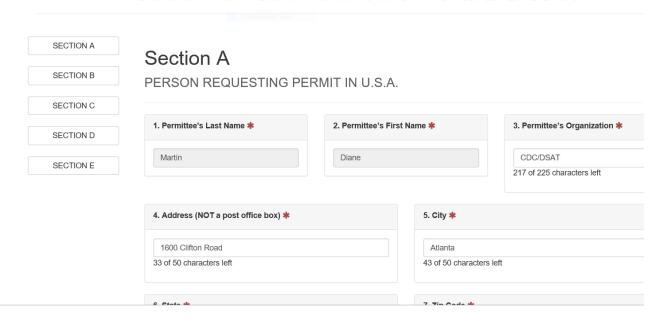
Public reporting burden

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

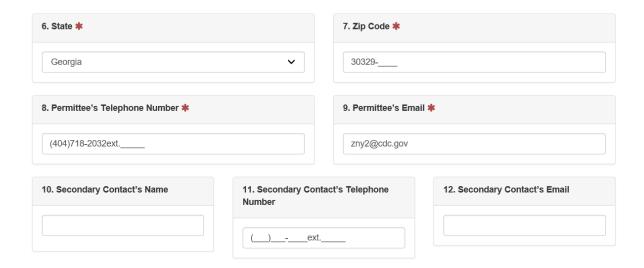
The new database, "Electronic Import Permit Program portal (eIPP)" will capture all information from the Application for Permit to Import or Transfer Live Bats as noted below in the screenshots.

For Section A,

APPLICATION FOR PERMIT TO IMPORT OR TRANSFER LIVE BATS



For Section B,



Section B

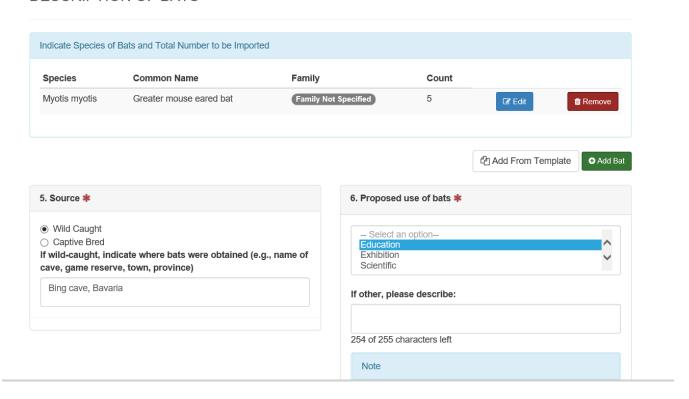
SOURCE OF BATS



For Section C,

Section C

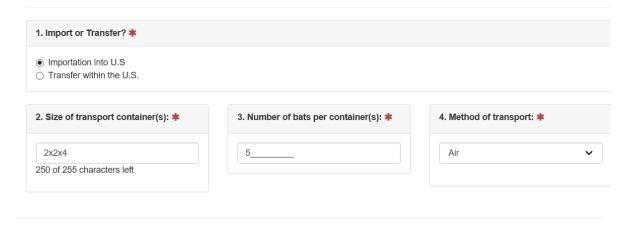
DESCRIPTION OF BATS



For Section D,

Section D

TYPE OF PERMIT AND SHIPMENT INFORMATION



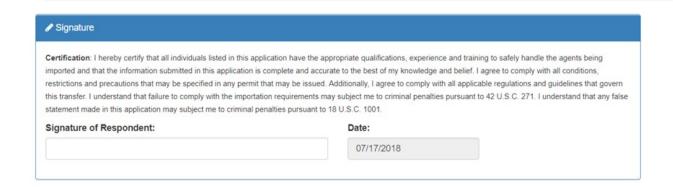
For Section E,

Section E

BIOSAFETY MEASURES FOR FACILITIES AND TECHNICAL PERSONNEL

ept in aviary isolate housing.		nent with directional airflow and bats will be
6 of 10000 characters left Animal Biosafety level (ABSL) of 180-day quarant BSL2	tine facility 1B. Personal Protectiv ✓ Gloves ✓ Protective Clothing	ve Measures to be used☀ ☑ N95 or N100 Respirator □ Powered Air Purifying
	✓ Frotective Clothing ✓ Goggles ☐ Face Shield ☐ Facemask	Respirator (PAPR) Other

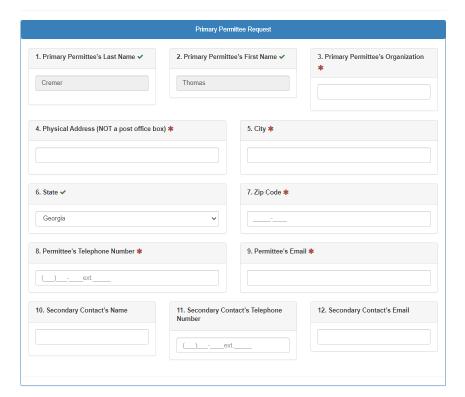
For Section F,



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)



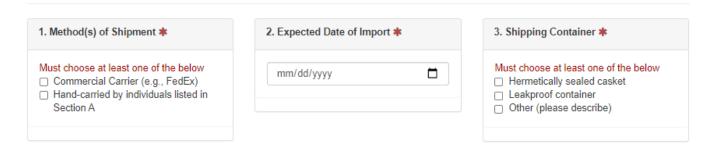
Section B

SENDER OF IMPORTED INFECTIOUS HUMAN REMAINS



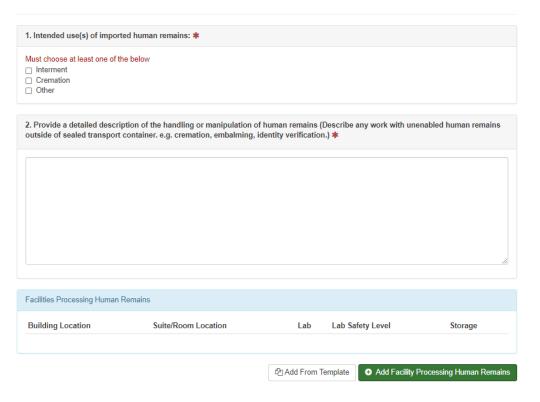
Section C

SHIPMENT INFORMATION

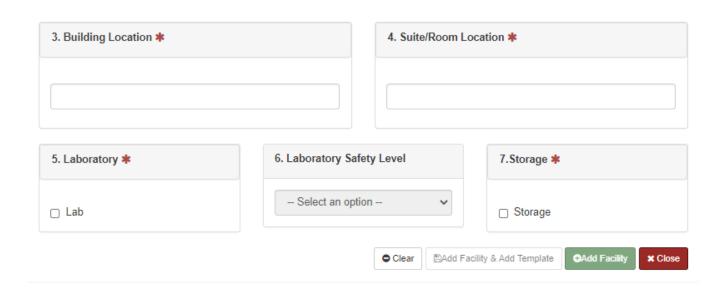


Section D

FACILITY PROCESSING HUMAN REMAINS







Section E

CAUSE OF DEATH



Section F

BIOSAFETY MEASURES

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 ap	oply) *
Must choose at least one of the below	
☐ Gloves	 N95, N100 Respirator, or Powered Air Purifying Respirator (PAPR)
 □ Protective Clothing □ Goggles 	☐ Immunizations ☐ Other
☐ Goggles ☐ Face Shield	Other
□ Face silled □ Facemask	
	ensurate with the hazard posed by the infectious biological agent, infectiou
substance, and/or vector to be imported, and the level of risk for permit approval) *	given its intended use? (Submission of a biosafety plan may be required
○ 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	
VVIII DE GANSIELLEG TO LOCATION IISTEG IN SECTION G	

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? *			
YesNo			
Final Destination(s)			
Recipient Last Name	Recipient First Name	Destination Organization	

19. Personal Protective Measures to be used *		
Must choose at least one of the below		
☐ Gloves ☐ Protective Clothing ☐ Goggles ☐ Face Shield ☐ Facemask		
20. Personnel Training provided *		
lust 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 commer substance, and/or vector to be imported, and the level of risk gi	nsurate with the hazard posed by the infectious biological agent, infectious iven its intended use? *	
○ Yes ○ No		
	○ Clear	

Certification: I hereby certify that all individuals listed in this application have the appro- being imported and that the information submitted in this application is complete and ac restrictions and precautions that may be specified in any permit that may be issued. Ad- this transfer. I understand that failure to comply with the importation requirements may statement made in this application may subject me to criminal penalties pursuant to 18	scurate to the best of my knowledge and belief. I agree to comply with all conditions, ditionally, I agree to comply with all applicable regulations and guidelines that govern subject me to criminal penalties pursuant to 42 U.S.C. 271. I understand that any false
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).