



APPLICATION FOR PERMIT TO IMPORT INFECTIOUS HUMAN REMAINS INTO THE UNITED STATES

Guidance for completing this form is available at http://www.cdc.gov/od/eaipp/importApplication/. This form must be submitted at https://eipp.cdc.gov/. E-mail: ImportPermit@cdc.gov. Telephone: 404-718-2077. Please submit completed form only once. Permits are single use only.

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. Secondary Contact's Name 11. Secondary Contact's Telephone Number 12. Secondary Contact's Email Name

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

SECTION B - Sender of Imported Infectious Human Remains

- 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: a Commercial Carrier (e.g., FedEx), b Hand-carried by individuals listed in Section A 2. Expected date of import MM/DD/YYYY 3. Shipping container: a Hermetically sealed casket, b Leakproof container, c Other (please describe):

SECTION D - Facility Processing Human Remains

- 1. Intended use(s) of imported agent(s): a Interment, b Cremation, c Other (please describe): 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.) 3. Building Location 4. Suite/Room Location 5. Laboratory 6. Safety Level: X BSL-1, X BSL-2, X BSL-3, X Other please describe 7. Storage Only (Will not open human remains that have not been embalmed)

CLICK HERE TO ADD ADDITIONAL ROWS (Facility Processing Human Remains)

SECTION E - Cause of Death

- 1. Cause of death - Infectious biological agent(s) known or suspected 2. Date of death (MM/DD/YYYY):

SECTION F- Biosafety Measures

