

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

OMB Approval # EXP DATE mm/dd/yyy

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 (No acronyms unless part of the legal name)			
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. Seconda Email	iry Contact's	
13. Institutional Biosafety Officer's Name (Or other qualified party. If no BSO, enter permittee contact info)		14. Institutional Biosafety Officer's Telephone Number (Or equivalent party)		onal Biosafety ail (Or equivalent	
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 (Full name of organization preferred)					
4. Physical Address Outside of the second se	5. City	6. State/Province 7. Co		7. Country	
8. Postal Code		9. Telephone Numl	ber	10. Emai	I
CLICK HERE TO ADD ADDITIONAL ROWS (ADDITIONAL SENDERS)					

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

SECTION D-Description of Infectious Biological Agent(s) and Permittee's Laboratory						
 1. Intended use(s) of imported agent(s) Diagnostic Research Clinical trials Education Production Other (please describe): 			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.)			
 3. Will the agent(s) be propagated or cultured? □Yes □No If yes, will the total culture volume exceed 10 liters at any point? □Yes □No 			 4. Will the agent(s) be used to inoculate animals or arthropods? The agent will NOT be used to inoculate animals or arthropods Nonhuman primates (NHPs) Rodent species Arthropods Other animal species (please list species): If yes, what route(s) will inoculation occur? 			
			□Intranasal □Subcutaneous (S □Intramuscular (I	M)	□ Aerosol (NOT in □ Other <i>(please de</i> 5 be performed? □ No	
5. Scientific name of known/suspected biological agent(s) (Include Genus and species)	6. Strain (If applicable)	7. Building Location	8. Suite/Room Location	9. Laboratory	10. Storage	11. Biosafety Level
CLICK HERE TO ADD ADDITIONAL ROWS (ADDITIONAL LOCATIONS FOR INFECTIOUS BIOLOGICIAL AGENT) 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. Description of mate that apply)	rial(s) containing the biological agent(s)	Check all 2. Original source of material(s) being imported (Check all that apply)				
Blood/blood produc	ts 🗌 Isolate/Culture					
□Tissues	□Infectious clones	□Animal				
□Organs/body parts	□Purified Nucleic acids	□ Arthropod vector				
□Urine	\Box Other (please describe):	□Live □Dead □Eggs/larvae				
□Feces		□ Recombinant/Synthetic				
□Sputum/Saliva		□ Environment				
Environmental field-collected		Other (please describe):				
specimen						
□Soil	□Food	I				
□Water	products					
□Sewage	□Surface					
□Isolate/Culture	swab					
i. Provide a detailed description of the material containing the biologic agent(s) in the following format:						
(Options selected in E	(Options selected in E1) from (Options selected in E2) that may contain (Infectious Biological Agent)					

SECTION F-Biosafety Measures					
1. Primary Containment to be used (Check all that apply)	2. Personal Protective Measures to be used (Check all that apply)		3. Personnel Training provided (Check all that apply)		
 None/Open bench Downdraft table Backdraft table Fume Hood Biosafety cabinet Class I Class II Class III Flexible film isolator with HEPA filtration Animal caging with HEPA filtration Other (please describe): 	 Gloves Laboratory coat Sleeves Booties/Shoe covers Aprons Smocks Coveralls Scrubs Olefin suits Positive Pressure Encapsulating Unit (PPES) 	 Eye protection Face shield N95 or N100 Respirator Powered Air Purifying Respirator (PAPR)/Controlled Air Purifying Respirator (CAPR) Half-face respirator Full-face respirator Immunizations 	 Risk(s) associated with manipulating/storing the imported biological agent(s) Laboratory Standard Practices Hazardous Waste Handling/Disposal Emergency Response Procedures Spill Procedures Visitor Training Other (please describe): 		
4. Anticipated disposition of Infectious Biological Agent(s) (and material containing it) when work is completed Will be retained at address listed in SECTION A Will be transferred to location listed in SECTION G Will be destroyed (complete Block 5)		5. If Agent(s) will be destruction Thermal: Onsite Autoclave Onsite Incineration Chemical (describe chemic Effluent Decontaminat Contracted hazardous Other (please describe):	tion System (EDS)		

		nal Destination	(c) of In	nnortod Biol	ogical Agent(s) or	Vactor(s)	
			• •	•	• • • •	vector(s)	
1. Will the permittee tra	•	(complete items 2			to end of applicatio	n)	
2. Last Name of Recipien Destination		t Name		4. Destination Organization (<i>No acronyms unless part of the legal name</i>)			t of the legal name)
5. Final Destination Addr	ESS (NOT a post oj	fice box)		6. City		7. State	8. Zip Code
9. Final Destination Telep	phone Number			10. Final Des	tination Email		<u> </u>
11. Intended use(s) of im	nported agent(s	5)		12. Provide a	a detailed descriptio	n of the work to	be accomplished
□Diagnostic □Research and develop	ment				oorted agent(s) (Descr rpose, objectives, method		ly & simply. Include
\Box Clinical trials							
Education							
□Production □Other (please describe):							
13. Will the agent(s) be propagated or cultured? 14. Will the agent(s) be used to inoculate animals or arthropods?							
				agent will NO human prima	T be used to inocula tes (NHPs)	ate animals or a	rthropods
				lent species			
any point?				nropods			
□Ye	s 🗆 No		□Oth	er animal spe	cies (please list species):		
			If yes,	what route(s)	will inoculation occ	ur?	
				Intranasal			
				cutaneous (SC amuscular (IN	4	☐ Other (please d	escribe):
					Will necropsies be	e performed? □No	
15. Scientific name of known/suspected biological agent(s) (Include Genus and species)	16. Strain (If applicable)	17. Building Location	18. Su Locati	ite/Room on	19. Laboratory	20. Storage	21. Biosafety Level
							
CLICK HERE TO ADD ADDITIONAL ROWS (ADDITIONAL LOCATIONS FOR INFECTIOUS BIOLOGICIAL AGENT)							
CLICK HERE TO ADD ADD	DITIONAL ROW	S (ADDITIONAL IN	NFECTIO		AL AGENTS)		

22. Primary Containment to be used (Check all that apply)	23. Personal Protective N (Check all that apply)	Measures to be used	24. Personnel Training provided (Check all that apply)		
 None/Open bench Downdraft table Backdraft table Fume Hood Biosafety cabinet Class I Class II Class III Flexible film isolator with HEPA filtration Animal caging with HEPA filtration Other (please describe): 	 Gloves Laboratory coat Sleeves Booties/Shoe covers Aprons Smocks Coveralls Scrubs Olefin suits Positive Pressure Encapsulating Unit (PPES) 	 Eye protection Face shield N95 or N100 Respirator Powered Air Purifying Respirator (PAPR)/Controlled Air Purifying Respirator (CAPR) Half-face respirator Full-face respirator Immunizations 	 Risk(s) associated with manipulating/storing the imported biological agent(s) Laboratory Standard Practices Hazardous Waste Handling/Disposal Emergency Response Procedures Spill Procedures Visitor Training Other (please describe): 		
CLICK HERE TO ADD ADDITIONAL ROWS (Final Destination(s) 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)				
4. I attest that the permittee has implemented and will continue to implement 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. Accept and Submit						

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)