U.S. DEPARTMENT OF
HEALTH & HUMAN SERVICES
Public Health Service

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. Secondary Contact's Email	
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)*	15. Institutional Biosafety Officer's Email *(Or equivalent party)*	
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 U.S. *(NOT a post office box)*		5. City	6. State/Province	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 ☐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
☐Aerosol (NOT intranasal)
☐Subcutaneous (SQ)
☐ Other *(please describe):*
☐Intramuscular (IM)

Will necropsies be performed?
☐Yes ☐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 material(s) containing the biological agent(s) *(Check all that apply)*

☐Blood/blood products
☐Tissues
☐Organs/body parts
☐Urine
☐Feces
☐Sputum/Saliva
☐Environmental field-collected specimen
☐Soil
☐Water
☐Sewage
☐Isolate/Culture
☐Food products
☐Surface swab
☐Isolate/Culture
☐Infectious clones
☐Purified Nucleic acids
☐Other *(please describe):*

2. Original source of material(s) being imported (*Check all that apply)*

☐Human
☐Animal
☐Arthropod vector
☐Live ☐Dead ☐Eggs/larvae
☐Recombinant/Synthetic
☐Environment
☐Other *(please describe):*

i. *Provide a detailed description of the material containing the biologic agent(s) in the following format:*
(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)*

☐None/Open bench
☐Downdraft table
☐Backdraft table
☐Fume Hood
☐Class I
☐Class II
☐Class III
☐Flexible film isolator with HEPA filtration
☐Animal caging with HEPA filtration
☐Other *(please describe):*

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

☐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

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

☐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 destroyed, list the expected primary method of destruction
☐Thermal:
☐Onsite Autoclave
☐Onsite Incineration
☐Chemical *(describe chemical)*:
☐Effluent Decontamination System (EDS)
☐Contracted hazardous waste disposal company
☐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?
☐Yes **(complete items 2-24)** ☐No (go to end of application)

2. Last Name of Recipient at Destination	3. First Name	4. Destination Organization (*No acronyms unless part of the legal name)*		
5. Final Destination Address *(NOT a post office box)*		6. City	7. State	8. Zip Code
9. Final Destination Telephone Number		10. Final Destination Email		

11. Intended use(s) of imported agent(s)

☐Diagnostic
☐Research and development
☐Clinical trials
☐Education
☐Production
☐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?
☐Yes ☐No

If yes, will the total culture volume exceed 10 liters at any point?
☐Yes ☐No

14. 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 ☐Aerosol (NOT intranasal)
☐Subcutaneous (SQ) ☐ Other *(please describe):*
☐Intramuscular (IM)

Will necropsies be performed?
☐Yes ☐No

15. Scientific name of known/suspected biological agent(s) *(Include Genus and species)*	16. Strain *(If applicable)*	17. Building Location	18. Suite/Room Location	19. Laboratory	20. Storage	21. Biosafety Level
	CLICK HERE TO ADD ADDITIONAL ROWS (ADDITIONAL LOCATIONS FOR INFECTIOUS BIOLOGICIAL AGENT)					

CLICK HERE TO ADD ADDITIONAL ROWS (ADDITIONAL INFECTIOUS BIOLOGICIAL AGENTS)

22. Primary Containment to be used *(Check all that apply)*	23. Personal Protective Measures to be used *(Check all that apply)*		24. Personnel Training provided *(Check all that apply)*
☐None/Open bench ☐Downdraft table ☐Backdraft table ☐Fume Hood ☐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)