Applying for a CDC Import Permit

2019 CDC Import Permit Program
Webcast
What requires an Import Permit?

- Infectious biological agents capable of causing diseases in humans
- Materials known or suspected to contain an infectious biological agent
- Vectors of human disease (e.g., insects or bats)
- *Do I need an import permit?*

https://www.cdc.gov/cpr/ipp/etool.htm
In September 2018, eIPP, a secure electronic information system for obtaining an import permit, was launched [https://www.cdc.gov/cpr/ipp/support.htm](https://www.cdc.gov/cpr/ipp/support.htm).
How do I Apply for a CDC Import Permit?

In September 2018, eIPP, a secure electronic information system for obtaining an import permit, was launched [https://www.cdc.gov/cpr/ipp/support.htm](https://www.cdc.gov/cpr/ipp/support.htm)

### Import Permit Program (IPP)
Center for Preparedness and Response - IPP - eIPP Resource Center

### eIPP Contact Us

**For technical help with using the eIPP system:**
eIPP users can reach the eIPP help desk for assistance via the contacts listed below.

- Fill out the online Customer Support Request Form.
- Email us at eIPPSupport@cdc.gov.
- Call us at 833-271-8310* (Currently, telephone assistance is experiencing intermittent difficulties. You may try again or use the email address.)

eIPP Help Desk hours are Monday through Friday, 7:00 am to 7:00 pm ET.

**Note for New Users**
All potential applicants are required to have a SAMS (Secure Access Management Services) account – which protects the security of the information by requiring users to enter a user ID and password, or other secure credentials, before providing access to the system – in order to access the eIPP system to apply for a permit. If you do not yet have a SAMS account but would like to establish one in order to submit a new application, please contact us at the Help Desk via one of the methods above, and someone will be in touch with you soon.

**For general questions related to the Import Permit Program (e.g., filling out the application, determining whether an import permit is needed):**

Please contact us via phone at 404-718-2077 or email at importpermit@cdc.gov.
Secure Access Management Service (SAMs) Account

- CDC's largest Electronic Authentication (E-Auth) provider for external partners. Supports over 40,000 partners accessing 100+ CDC applications. [https://www.cdc.gov/cpr/ipp/eipp-contact.htm](https://www.cdc.gov/cpr/ipp/eipp-contact.htm)

- Primary Functions:
  - Application access
  - Secure exchange of electronic files between CDC and partner organizations.
  - If you already have a SAMS account for another group at CDC, that SAMS account must also be linked to the eIIPP system.
How Do I Register for a SAMS Account?

The request is received by the support desk which generates an e-mail invite for SAMS enrollment to the requester (this happens within an hour).

Usually 1 hour later

Link - enter name, address, email, and answer security questions

5-10 min
Support Desk notified

SAMS Account created – email

after 30 days the account expires if never used/ logged in

Note support desk hours of operation: Mon-Fri (7AM-7PM EST)
Import Permit Program (IPP)

Notifications

In reference to permit number 20191104-0515A:
"Application created and set to status Draft..."

In reference to permit number 20191104-0514A:
"Application created and set to status Draft..."

In reference to permit number 20191021-0511A:
"Application created and set to status Draft..."

In reference to permit number 20191021-0510A:
"Application created and set to status Draft..."

Agents

<table>
<thead>
<tr>
<th>Application No.</th>
<th>Status</th>
<th>Date Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### New Features
- Permit Number
- * Fields require a response.
- Section A items 1-9 auto-populate from SAMS account.

### Technical Review
- Section A 4-7 verification of address

### Additional Notes
- Section A items 11-16 secondary contact and biosafety officer information (BSO) does not appear on the permit. This information is useful for inspections and knowledge of BSOs.
New Features
Add user & add template

Additional Notes
The address for all authorized users will be the same as the permittee (refer to Section A 4-7)
### Section B

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

<table>
<thead>
<tr>
<th>Sender(s)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
</tr>
<tr>
<td>Dos</td>
<td>Jane</td>
</tr>
</tbody>
</table>

#### Add new Sender

1. **Sender's Last Name**
   - Doe
   - 222 of 225 characters left

2. **Sender's First Name**
   - Jane
   - 221 of 225 characters left

3. **Sender's Organization**
   - Sender Organization
   - 206 of 225 characters left

4. **Physical Address Outside of the U.S. (NOT a post office box)**
   - 123 Address
   - 239 of 250 characters left

5. **City**
   - City
   - 46 of 50 characters left

6. **State/Province**

7. **Country**
   - Australia

8. **Postal Code**

9. **Telephone Number**
   - 9999999990
   - 41 of 50 characters left

10. **Email**

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**New Feature**

Add sender & add template
## Section B

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Organization</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doe</td>
<td>Jane</td>
<td>Sender Organization</td>
<td>Australia</td>
</tr>
<tr>
<td>Doe</td>
<td>Jane IV</td>
<td>Sender Org</td>
<td>Japan</td>
</tr>
<tr>
<td>Doe</td>
<td>Jane II</td>
<td>Sender Org</td>
<td>Ireland</td>
</tr>
<tr>
<td>Doe</td>
<td>Jane III</td>
<td>Sender Org</td>
<td>Cyprus</td>
</tr>
<tr>
<td>Doe</td>
<td>John</td>
<td>Sender Org</td>
<td>Ghana</td>
</tr>
<tr>
<td>Doe</td>
<td>John I</td>
<td>Sender Org</td>
<td>Malta</td>
</tr>
<tr>
<td>Doe</td>
<td>John III</td>
<td>Sender Org</td>
<td>Egypt</td>
</tr>
<tr>
<td>Doe</td>
<td>Jane V</td>
<td>Sender Org</td>
<td>Congo</td>
</tr>
</tbody>
</table>

**Additional Notes**

Multiple senders can be added. Worldwide permits can be issued.
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
   - 11

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

2. Provide a detailed description of the work to be accomplished with the imported agent(s) (Describe your work clearly & concisely, include background, purpose, objectives, methods, etc.)*

   The intended use of the imported material is to perform diagnostic testing, analytical testing, and measuring antibody levels and viral loads using mouse models. Methods used include plaque assays, qPCR, and ELISA assays. Dengue viral samples will be further tested at our facility in San Diego.
### Technical Review

Section D 3-4

- Additional risks reviewed for possible inspection.

### Section D

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

#### Infectious Biological Agents

<table>
<thead>
<tr>
<th>Scientific Name</th>
<th>Strain</th>
<th>Building Location</th>
<th>Room Location</th>
<th>Lab</th>
<th>Lab Safety Level</th>
<th>Storage</th>
</tr>
</thead>
</table>

**Highlighted Features**

Add from template
## Infectious Biological Agents

<table>
<thead>
<tr>
<th>Scientific Name</th>
<th>Strain</th>
<th>Building Location</th>
<th>Room Location</th>
<th>Lab</th>
<th>Lab Safety Level</th>
<th>Storage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dengue virus</td>
<td>Strain Not Applicable</td>
<td>45 map lanes</td>
<td>suite 57/rooms 4, 6, and 7</td>
<td>✓</td>
<td>BSL2</td>
<td>Storage</td>
</tr>
</tbody>
</table>

### Select an Agent Template

<table>
<thead>
<tr>
<th>Scientific Name</th>
<th>Strain</th>
<th>Building Location</th>
<th>Room Location</th>
<th>Lab</th>
<th>Lab Safety Level</th>
<th>Storage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rabies lyssavirus</td>
<td>Strain Not Applicable</td>
<td>Virology</td>
<td>101</td>
<td>✓</td>
<td></td>
<td>Storage</td>
</tr>
<tr>
<td>Mycobacterium tuberculosis</td>
<td>Strain Not Applicable</td>
<td>Animal facility</td>
<td>0019</td>
<td>✓</td>
<td></td>
<td>BSL3</td>
</tr>
<tr>
<td>Measles</td>
<td>Strain Not Applicable</td>
<td>16</td>
<td>19</td>
<td>✓</td>
<td></td>
<td>BSL2</td>
</tr>
</tbody>
</table>
Highlighted Features

Managing templates
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)

- Infected or suspected infected human
- Infected or suspected infected vector
- Alive
- Dead

- Environment
  - Environment:
    - Water samples
    - 242 of 255 characters left

- Recombinant/synthetic (please describe)
- Other

2. Description of material(s) containing biological agent(s)

- 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

Human serum samples, body fluids including fecal samples, and tissue samples from patients will be collected. Swabs, fecal, and environmental water samples will be collected. Live Anopheles and Culex species of mosquitoes will be imported.

1258 of 1500 characters left

Additional Notes

Section E 1 and E 2
Vectors that are known to transfer or are capable of transferring an infectious biological agent to a human (e.g., arthropods).

Recombinant/ synthetic – provide a description of molecular vectors (e.g., plasmid constructs).
### Section F
**BIOSAFETY MEASURES**

1. **Primary Containment to be used (Check all that apply)**
   - [ ] None (open bench)
   - [ ] Class I Biological Safety Cabinet
   - [x] Class II Biological Safety Cabinet
   - [ ] Class III Biological Safety Cabinet
   - [ ] Fume Hood
   - [ ] Negative pressure ventilated enclosure with HEPA filtration
   - [ ] Other

2. **Personal Protective Measures to be used (Check all that apply)**
   - [x] Gloves
   - [ ] Protective Clothing
   - [ ] Goggles
   - [ ] Face Shield
   - [ ] Facemask
   - [ ] N95 or N100 Respirator
   - [ ] Powered Air Purifying Respirator (PAPR)
   - [ ] Respirator
   - [ ] Protective Clothing
   - [ ] Other

3. **Personnel Training provided (Check all that apply)**
   - [x] Risk(s) associated with the imported biological agent(s)
   - [ ] Hazardous Material Packing/Shipping
   - [ ] Laboratory Standard Practices
   - [x] Hazardous Waste Handling/Disposal
   - [ ] Emergency Response Procedures
   - [ ] Spill Procedures
   - [ ] Other
   - [ ] Blood borne pathogen training
   - 237 of 255 characters left

4. **Has the permitting 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 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

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### Additional Notes

**Section F 5**

Check second box if the imported material will be transferred to other destinations within the United States.

Notice that checking this box auto-populates yes in Section G 1
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

**Final Destination(s)**

<table>
<thead>
<tr>
<th>Recipient Last Name</th>
<th>Recipient First Name</th>
<th>Destination Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Add New Final Destination**

2. Last Name of Recipient at Destination

3. First Name

   Destiny
   248 of 255 characters left

4. Destination Organization

   World Health Callnc
   236 of 255 characters left

5. Final Destination Address (NOT a post office box)

   645 Persian Ave
   240 of 255 characters left

6. City

   San Diego
   246 of 255 characters left

7. State

   California

8. Postal Code

   97979-797_

9. Telephone Number

   (999)999-9999ext.

10. Email

    findest@whocinc.org

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

    - [x] Diagnostic
    - [x] Research
    - [ ] Clinical trials

**Additional Notes**

- Section G 1 autopopulated as yes
- Click Add Final Destination
When the Add to List button is clicked, the infectious biological agents section will appear. Update the building location, room location, lab, lab safety level, and storage information for each infectious biological agent added to the final destination list.
Signature and Submitting to IPP

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 the 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: John Permittee
Date: 9/25/2019

FORM APPROVED
OMB NO. 0920-0199
EXP DATE 08/10/2021

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 and state any other aspect of this collection of information, including suggestions for reducing this burden to CCR Clearance Officer, 1900 Connecticut Avenue NW, MS D-14, Atlanta, Georgia 30302; ATTN: FRA (0920-0199).

Submit to IPP
Update

Last update: 11/13/2019 2:33 PM EST
Submitting Application & Request for Information

Enter comments in the general discussion and amend appropriate section(s) of application.
Renewal of CDC Import Permit Application

Section A
PERSON REQUESTING PERMIT IN U.S. (PERMITTEE)

New Features
Renew button