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

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

FORM APPROVED
OMB NO. 0920-0199
EXP DATE 01/31/2017

Continuation Page _____of _____continuation pages

SECTION E continuation (Description of Infectious Biological Agent(s))							
4. Scientific name of known/suspected biological agent(s) including Genus and species	5. Strain Designation (list "N/A" if not applicable)	6. Location		7. Laboratory or Storage (Select one or both)		8. Laboratory Safety Level (Leave blank if storage only)	9. Person Responsible for Laboratory
Scientific Name	Strain Designation	Bldg	Suite/Room	Lab	Storage	Safety Level	Responsible Person
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