

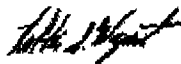
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE

Centers for Disease Control and Prevention  
Office of Health and Safety, MS A-46  
Atlanta, Georgia 30333  
TEL: 404-718-2077; FAX: 404-718-2083



**Permit to Import or Transfer Etiological Agents or Vectors of Human Disease**

In accordance with 42 CFR Section 71.54 of the Public Health Service Foreign Quarantine Regulations, cited on the bottom of this permit, permission is granted the permittee to import into any port under control of the United States, or to receive by transfer within the United States, the material described in Item 1 below.

PHS PERMIT NO.	2011-05-105	
DATES	ISSUED: Tuesday, May 24, 2011	EXPIRES: Thursday, May 24, 2012
1. DESCRIPTION OF MATERIAL	ISOLATES, BLOOD, BODY FLUIDS, AND TISSUES FROM HUMANS AND BLOOD FROM NON-HUMAN PRIMATES SUSPECTED TO CONTAIN HUMAN IMMUNODEFICIENCY VIRUS, MYCOBACTERIUM TUBERCULOSIS, AND NON-TUBERCULOSIS MYCOBACTERIUM.	
2. PERMITTEE (NAME, ORGANIZATION, ADDRESS)	RONALD J. HARBECK ADVANCE DIAG. LAB. AT NATIONAL JEWISH HEALTH 1400 JACKSON STREET, M010 DENVER, CO 80206	TEL: 303-398-1337 FAX: 303-270-2125
3. SOURCE OF MATERIAL (NAME, ORGANIZATION, ADDRESS, COUNTRY)	WORLDWIDE	
4. TYPE OF PERMIT AND INSTRUCTIONS FOR USE	<input checked="" type="checkbox"/> Multiple Importation into the US <input type="checkbox"/> Single Transfer Within the US A. Record of each importation shall be maintained on permanent file by permittee. B. Enclosed label(s) must be forwarded to the shipper(s). C. One label shall be affixed to shipping container. Enclosed labels may be photocopied.	
5. CONDITIONS OF ISSUANCE ITEMS APPLICABLE WHEN CHECKED	<input type="checkbox"/> A. Subsequent distribution, within the U.S., of the material described in this permit is prohibited without prior authorization by the Public Health Service. <input checked="" type="checkbox"/> B. All material is for laboratory use only - Not for use in the production of biologics for humans or animals. <input checked="" type="checkbox"/> C. All material is free of tissues, serum and plasma of domestic and wild ruminants, swine and equines. <input checked="" type="checkbox"/> D. Additional Requirements: <input type="checkbox"/> File APHIS/CDC Form 2 for select agents as defined in 42 CFR 73 <input type="checkbox"/> IATA Packaged to preclude escape. <input checked="" type="checkbox"/> USDA permit may be required (Telephone: 301-734-3277). <input checked="" type="checkbox"/> E. Work with the agent(s) described shall be restricted to areas and conditions meeting requirements in the CDC/NIH publication "Biosafety in Microbiological and Biomedical Laboratories." <input checked="" type="checkbox"/> F. Packaging must conform to 49 CFR Sections 171-180. <input type="checkbox"/> G. Select Agent. Receiving facility must be registered under 42 CFR Part 73.	
6. COPY SENT TO <input checked="" type="checkbox"/> U.S. QUARANTINE STATION	7. Signature of issuing officer  Robbin Weyant, PhD, CAPT, USPHS. Etiologic Agent Import Permit Program	

CDC 0728 (F 13.40) REV. 2-01

42 CFR 71.54. Etiological agents, hosts, and vectors

- (a) A person may not import into the United States, nor distribute after importation, any etiological agent or any arthropod or other animal host or vector of human disease, or any exotic living arthropod or other animal capable of being a host or vector of human disease unless accompanied by a permit issued by the Director.
- (b) Any import coming within the provisions of the section will not be released from custody prior to receipt by the District Director of the U.S. Customs Service of a permit issued by the Director.

Note: Other permits may be required.



PHS Permit No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

TO:



**DO NOT OPEN INTRANSIT**

BIOMEDICAL MATERIALS  
ETIOLOGICAL AGENTS OR VECTORS

**NOTICE TO CARRIER:** If inspection on arrival in U.S. reveals evidence of damage, leakage, or suspected contamination involving an infectious substance, immediately notify: DOT National Response Center 1-800-424-8802.

CDC 0.1007 3/2008



IMPORTATION OR TRANSFER AUTHORIZED BY

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