

CDC Import Permit Questionnaire

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Approval Signature: See Master Copy

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If previously completed: Prior to shipment, please email ADx_Quality_Management@njhealth.org to confirm previous address & agent registration on file.

To import infectious biological agent(s), the agent(s) and shipping address must be registered with National Jewish Health and submitted to the CDC. Please complete all fields and email to <u>ADx_Quality_Management@njhealth.org</u> Allow 1 to 2 weeks from submission for processing. Once registration is complete, Advanced Diagnostics Laboratories will provide you a copy of the CDC Import Permit to accompany the shipment.

Shipping requirements: The shipment of infectious biological agents, infectious substances, or vectors of human disease into the United States must be packaged, labeled, and shipped in accordance with all federal and international regulations. The importation permit, with proper packing and labeling, will expedite clearance of the package through the United States Public Health Service division of Quarantine and release by U.S. Customs. Import permit is not required for specimens that are not known/suspected to contain infectious agents however a certification statement must accompany the non-infectious shipment. (Refer to the CDC website, FAQ #3, under General Questions) For more information regarding shipping in accordance with regulations refer to the CDC website (https://www.cdc.gov/cpr/ipp/) or consult with an international shipping broker.

Sender of Imported Infectious Biological Agents(s) or Vector(s)					
Sender's Last Name: Sender's Fit		r's First Name Send		der's Organization	
Physical Address Outside of the U.S (NOT a post office box)		City			
State/Province Country		<u> </u>		Postal Code	
Telephone Number	Fax			Email	
Shipment Information					
		nt temperature(s) _		Anticipated U.S. Port(s) of Entry (if unknown – list 'unknown')	
	_ Ambien	τ			
_ Frozen Refrigera		ated			
Scientific name of known/suspected biological ag		Intende	d uses(s) of imported agent(s):		
	_ Diagnostic				
		_	search		
		_ Other (please describe)		ner (please describe)	
Source of material(s) being imported:		Description of material(s) containing	biological ager	nts(s): (check all that apply)	
_ Infected or suspected infected human		_ Field-collected specime	en	_ Tissues/organs	
_ Infected or suspected infected vector		_ Laboratory isolate/cultu	ture Body parts		
_ Environmental (please describe)		Blood/blood products		_ Vector	
_ Other source (please describe)		_ Other body fluids		_ Other	
		Provide detailed description of the material containing the biological agent:			

Related SOP: ADM-SOP-090