



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>

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>

Import Permit Program (IPP)

Center for Preparedness and Response > IPP

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Division of Select Agents and Toxins

Center for Preparedness and Response

eIPP Resource Center

Overview

The Import Permit Program (IPP) uses a secure electronic information system, eIPP, to conduct all program business. This two-way portal, accessible by both the program and those seeking import permits, is used to submit and share information. **The only way to apply for a CDC import permit is by using this system.**

At this website, you will find everything you need to gain access to and use the new electronic Import Permit Program system, eIPP.

- WHAT IS eIPP?
- USING eIPP
- CONTACT US**
- LOG ON

Page last reviewed: August 23, 2018
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Get Email Updates

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>

The screenshot shows the 'eIPP Contact Us' page. The page title is 'eIPP Contact Us'. Below the title, there is a section for technical help with using the eIPP system. It lists three contact methods: filling out an online 'Customer Support Request Form' (circled in yellow), emailing at eIPPSupport@cdc.gov, and calling at 833-271-8310*. A note indicates that telephone assistance is experiencing intermittent difficulties. Below this, it states the eIPP Help Desk hours are Monday through Friday, 7:00 am to 7:00 pm ET. There is also a 'Note for New Users' section explaining that all potential applicants need a SAMS account. At the bottom, there is a section for general questions related to the Import Permit Program, with contact information for phone (404-718-2077) and email (importpermit@cdc.gov). The page footer includes the text 'Page last reviewed: August 23, 2018' and 'Content source: Center for Preparedness and Response'. A 'Get Email Updates' button is visible in the bottom left corner.

Import Permit Program (IPP)

Center for Preparedness and Response > IPP > eIPP Resource Center

IPP

- About Us
- Regulations
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- eIPP Resource Center -**
 - What is eIPP?
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- Center for Preparedness and Response

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.

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Get Email Updates

Secure Access Management Service (SAMS) Account

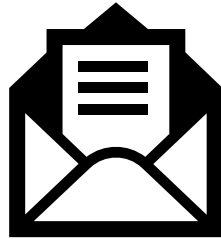
- CDC's largest Electronic Authentication (E-Auth) provider for external partners. Supports over 40,000 partners accessing 100+ CDC applications.
<https://www.cdc.gov/cpr/ipp/eipp-contact.htm>
- Primary Functions:
 - Application access
 - Secure exchange of electronic files between CDC and partner organizations.
 - If you already have a SAMS account for another group at CDC, that SAMS account must also be linked to the eIPP 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).

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

Usually
1 hour later



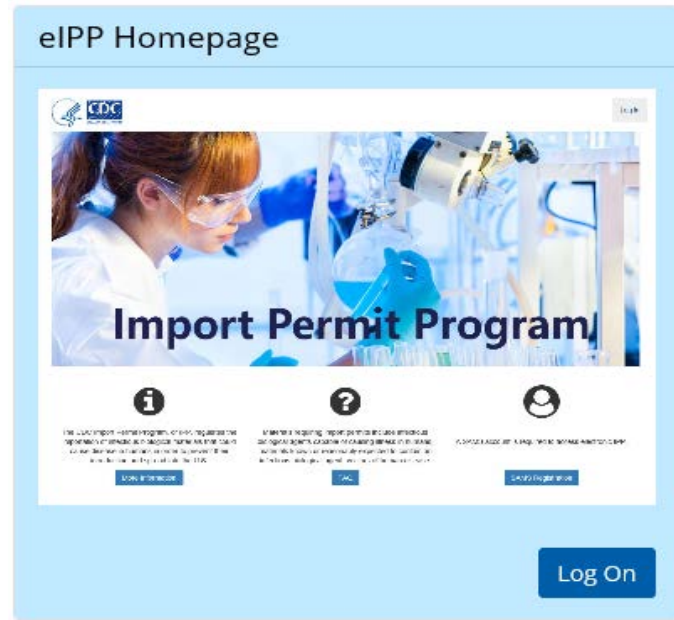
Link -enter name,
address, email, and
answer security
questions

5- 10 min
Support Desk notified



SAMS Account
created – email

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



Import Permit Program (IPP)

[New Agents Form](#)

[New Bats Form](#)

Notifications

In reference to permit number 20191104-0515A:

"Application created and set to status Draft..."

🕒 11/4/19 11:24 AM

[View](#)

In reference to permit number 20191104-0514A:

"Application created and set to status Draft..."

🕒 11/4/19 10:48 AM

[View](#)

In reference to permit number 20191021-0511A:

"Application created and set to status Draft..."

🕒 10/21/19 3:11 PM

[View](#)

In reference to permit number 20191021-0510A:

"Application created and set to status Draft..."

🕒 10/21/19 10:39 AM

[View](#)

All notifications loaded [Load 25 More](#)

Agents

Application No. ▾

Status ▾

Date Submitted ▾

▾

1. Primary Permittee's Last Name *

Permittee

2. Primary Permittee's First Name *

John

3. Primary Permittee's Organization *

Collins and Andrews Plc
202 of 225 characters left

4. Physical Address (NOT a post office box) *

123 Street
215 of 225 characters left

5. City *

New York
217 of 225 characters left

6. State *

New York

7. Zip Code *

99999-____

8. Permittee's Telephone Number *

(999)999-9999ext.____

9. Permittee's Email *

ss5@sorg.org

10. Will the permittee be the courier of the imported biological agent? *

- Yes
 No

11. Secondary Contact's Name

Jane Doe
42 of 50 characters left

12. Secondary Contact's Telephone Number

(212)999-9999ext.____

13. Secondary Contact's Email

14. Institutional Biosafety Officer's Name

Safety
44 of 50 characters left

15. Institutional Biosafety Officer's Telephone Number

(212)999-9999ext.____

16. Institutional Biosafety Officer's Email

Saf@sorg.org

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)

Additional Authorized User(s)

Last Name	First Name
-----------	------------

Add Additional Authorized User

1. Permittee's Last Name *

222 of 225 characters left

2. Permittee's First Name *

221 of 225 characters left

3. Permittee's Telephone Number *

4. Permittee's Email *

5. Secondary Contact's Name

39 of 50 characters left

6. Secondary Contact's Telephone Number

7. Secondary Contact's Email

Additional Authorized User(s)

Last Name	First Name	
Doe	John	<input type="button" value="Edit"/> <input type="button" value="Remove"/>

Section B

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

Sender(s)			
Last Name	First Name	Organization	Country

[Add From Template](#) [Add Sender](#)

New Feature

Add sender & add template

Add new Sender

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

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

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

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

5. City 46 of 50 characters left

6. State/Province

7. Country * 41 of 50 characters left

8. Postal Code

9. Telephone Number X

10. Email

[Clear](#) [Add Sender & Add Template](#) [Add Sender](#) [Close](#)

Section B

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

Sender(s)			
Last Name	First Name	Organization	Country
Doe	Jane	Sender Organization	Australia

[Edit](#) [Remove](#)

[Add From Template](#) [Add Sender](#)

Section B

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

Sender(s)					
Last Name	First Name	Organization	Country		
Doe	Jane	Sender Organization	Australia	Edit	Remove
Doe	Jane IV	Sender Org	Japan	Edit	Remove
Doe	Jane II	Sender Org	Ireland	Edit	Remove
Doe	Jane III	Sender Org	Cyprus	Edit	Remove
Doe	John	Sender Org	Ghana	Edit	Remove
Doe	John I	Sender Org	Malta	Edit	Remove
Doe	John III	Sender Org	Egypt	Edit	Remove
Doe	Jane V	Sender Org	Congo	Edit	Remove

[Add From Template](#) [Add Sender](#)

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): *

- | | |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> Diagnostic | <input type="checkbox"/> Education |
| <input checked="" type="checkbox"/> Research | <input type="checkbox"/> Production |
| <input type="checkbox"/> Clinical trials | <input type="checkbox"/> 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 2

- Transfers of imported material to another facility within the United States should be addressed in Sections F 1 and G

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? *

Yes

No

If yes, will this be by the aerosol route?

Yes

No

Section D

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

Infectious Biological Agents

Scientific Name	Strain	Building Location	Room Location	Lab	Lab Safety Level	Storage
-----------------	--------	-------------------	---------------	-----	------------------	---------

 Add From Template

 Add Infectious Biological Agent

Technical Review

Section D 3-4

- Additional risks reviewed for possible inspection.

Highlighted Features

Add from template

Add Infectious Biological Agent

5. Scientific name of known/suspected biological agent (s) Include Genus and species*

Dengue virus
243 of 255 characters left

6. Strain (if applicable)

7. Building Location *

45 map lane
39 of 50 characters left

8. Suite/Room Location*

suite 57/ rooms 4, 5, and 7
23 of 50 characters left

9. Laboratory *

Lab

10. Laboratory Safety Level *

BSL-2

11. Storage*

Storage

Highlighted Features
Add from template

Scientific Name	Strain	Building Location	Room Location	Lab	Lab Safety Level	Storage	
Dengue virus	Strain Not Applicable	45 map lane	suite 57/ rooms 4, 5, and 7	<input checked="" type="checkbox"/> Lab	BSL2	<input checked="" type="checkbox"/> Storage	<input type="button" value="Edit"/> <input type="button" value="Remove"/>

Select an Agent Template

Scientific Name	Strain	Building Location	Room Location	Lab	Lab Safety Level	Storage	
Rabies lyssavirus	Strain Not Applicable	Virology	101	<input checked="" type="checkbox"/> Lab	<input checked="" type="checkbox"/> Storage	ABSL2	<input checked="" type="checkbox"/>
Mycobacterium tuberculosis	Strain Not Applicable	Animal facility	0019	<input checked="" type="checkbox"/> Lab	<input type="checkbox"/> Storage	BSL3	<input type="checkbox"/>
Measles	Strain Not Applicable	16	19	<input checked="" type="checkbox"/> Lab	<input type="checkbox"/> Storage	BSL2	<input checked="" type="checkbox"/>

Highlighted Features Managing templates

Import Permit Program (IPP)

New Agents Form New Bats Form

Notifications

In reference to permit number 20191112-0521A: "Application created and set to status Draft..."	11/12/19 4:03 PM View
In reference to permit number 20191112-0520A: "Application created and set to status Draft..."	11/12/19 2:12 PM View
In reference to permit number 20191112-0519A: "Application created and set to status Draft..."	11/12/19 1:46 PM View

Manage Stored Templates

Create Permittee Template Create Sender Template Create Agent Template Create Bats Template

Name	Template Type	Name	Template Type	Date Created
Jane Doe	Sender	Jane Doe	Sender	/17/2018
Rabies lyssavirus	Agent	Rabies lyssavirus	Agent	/17/2018
Mycobacterium tuberculosis	Agent	Mycobacterium tuberculosis	Agent	/17/2018
Jane Doe	Sender	Jane Doe	Sender	/06/2019
Jane IV Doe	Sender	Jane IV Doe	Sender	03/06/2019
Jane II Doe	Sender			
Jane III Doe	Sender			
John Doe	Sender			
John I Doe	Sender	03/06/2019	Edit	Delete
John III Doe	Sender	03/06/2019	Edit	Delete
Jane V Doe	Sender	03/06/2019	Edit	Delete

- Sort Ascending
- Sort Descending
- Hide Column

Template Information

Section E

DESCRIPTION OF MATERIAL(S) CONTAINING THE INFECTIOUS BIOLOGICAL AGENT(S) OR VECTOR(S) TO BE IMPORTED

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).

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

Section F

BIOSAFETY MEASURES

1. Primary Containment to be used (Check all that apply) *

<input type="checkbox"/> None (open bench)	<input type="checkbox"/> Class III Biological Safety Cabinet
<input type="checkbox"/> Class I Biological Safety Cabinet	<input type="checkbox"/> Fume Hood
<input checked="" type="checkbox"/> Class II Biological Safety Cabinet	<input type="checkbox"/> Negative pressure ventilated enclosure with HEPA filtration
	<input type="checkbox"/> Other

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

<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> N95 or N100 Respirator
<input checked="" type="checkbox"/> Protective Clothing	<input type="checkbox"/> Powered Air Purifying Respirator (PAPR)
<input checked="" type="checkbox"/> Goggles	<input checked="" type="checkbox"/> Immunizations
<input type="checkbox"/> Face Shield	<input type="checkbox"/> Other
<input type="checkbox"/> Facemask	

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

<input checked="" type="checkbox"/> Risk(s) associated with the imported biological agent(s)	<input checked="" type="checkbox"/> Emergency Response Procedures
<input checked="" type="checkbox"/> Hazardous Material Packing/Shipping	<input checked="" type="checkbox"/> Spill Procedures
<input checked="" type="checkbox"/> Laboratory Standard Practices	<input checked="" type="checkbox"/> Other
<input checked="" type="checkbox"/> Hazardous Waste Handling/Disposal	

227 of 255 characters left

4. Has the permittee 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

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)		
Recipient Last Name	Recipient First Name	Destination Organization

[Add Final Destination](#)

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 border="1"><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>	Recipient Last Name	Recipient First Name	Destination Organization			
Recipient Last Name	Recipient First Name	Destination Organization				

[Add Final Destination](#)

Add New Final Destination

2. Last Name of Recipient at Destination *

Final
250 of 255 characters left

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) *

Must choose at least one of the below

Diagnostic
 Research
 Clinical trials

Additional Notes

➤ Section G 1
autopopulated as
yes

➤ Click Add Final
Destination

- Yes
- No

14. Will the agent(s) be used to inoculate animals or arthropods? *

- Yes
- No

15 - 21. Select an infectious biological agent (Options listed are carried over from your entries in Section D) *

Add To List


Infectious Biological Agents

Scientific Name *	Strain	Building Location	Room Location	Lab *	Lab Safety Level	Storage *	
Plasmodium falciparum		<input type="text" value="15"/> 48 of 50 characters left	<input type="text" value="24"/> 48 of 50 characters left	<input checked="" type="checkbox"/> Lab	<input type="text" value="AE"/>	<input checked="" type="checkbox"/> Storage	

Additional Notes

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 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.

Signature of Respondent: **Date:**

FORM APPROVED
OMB NO. 0920-0199
EXP DATE 04/30/2021

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 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).

[Submit to IPP](#) [Update](#)

Last auto-save: 11/13/2019 at 3:09:38 PM EST

Import Permit Program (IPP)

[New Agents Form](#) [New Bats Form](#)

Notifications

In reference to permit number 20191112-0521A: 11/13/19 3:10 PM [View](#)
"Status changed from Draft to Submitted..."

Submitting Application & Request for Information

General Discussion

Type your message here...

Send

Enter comments in the general discussion and amend appropriate section(s) of application.

Upload Attachment

Any additional documents or information can be added here

General Attachments

Browse... Upload

Show file naming rules

Attachments

Renewal of CDC Import Permit Application

20190306-0153A

 Renew

Section A

PERSON REQUESTING PERMIT IN U.S.(PERMITTEE)

New Features
Renew button