



Declaration for Exportation of Biological Materials

NIH Quarantine Permit Service Office
Division of Occupational Health and Safety
Office of Research Services
National Institutes of Health
Bethesda, Maryland 20892
qpso@mail.nih.gov

Please use Adobe Professional or Adobe Reader to complete this form. Mac Previewer is not compatible.

Material Description / Amount

| | | | |
|---|---------------|--|------------|
| Shipment Method | Shipment Date | Does recipient require an import permit? <input type="checkbox"/> Yes <input type="checkbox"/> No | Permit No. |
| Source Name / Address / NIH Contract Number | | Recipient Name / Address | |
| Applicant Name | | Applicant E-Mail | |
| Applicant Signature / Date | | | |

This section to be completed by NIH Quarantine Permit Service Officer.

Note: Shippers of biological materials via common carrier must adhere to U.S. DOT and IATA regulations. Only a certified shipper may package etiologic agents. Please direct packaging questions to the NIH Freight Forwarding Section at 301-496-5921.

| | |
|---|--|
| <p>To: Applicant listed above</p> <p><i>The Department of Commerce has issued an export license for the above shipment.</i></p> <p>Export License No.</p> | <p>To: Applicant listed above</p> <p><input type="checkbox"/> No Export License Required, EAR 99</p> <p><input type="checkbox"/> Export License Required, ECCN</p> <p><input type="checkbox"/> Other Permit Required</p> |
|---|--|

QPSO Officer Signature / Date