

Failure to supply all applicable information can delay the processing of this application.

PLEASE TYPE OR PRINT CLEARLY

No controlled material, organisms or vectors may be imported or moved interstate unless the data requested on this form is furnished and certified (9 CFR 94, 95, and 122).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The time required to complete this information collection is estimated to average .0166 hours 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.

The valid OMB control number for this information collection is 0579-0015, 0094, 0183, 0213, and 0245.

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES  
National Center for Import-Export, Products Program  
4700 River Road, Unit 40  
Riverdale, MD 20737-1231

**APPLICATION FOR PERMIT TO:**

**IMPORT OR TRANSPORT CONTROLLED MATERIAL OR ORGANISMS OR VECTORS**

1. MODE OF TRANSPORTATION (Please "X"):

AIR

SEA

LAND

ANY

2. U.S. PORTS OF ENTRY

Enter exactly as follows:

FedEx ports including Oakland CA, Anchorage AK, Memphis TN, etc.

3. IMPORTER (Name, organization, complete address, telephone and fax number of individual who will receive and be responsible for the imported material)

Your Company/Institution Info (address, phone, fax)  
(To avoid the need for multiple permits or amendments, Cosmo Bio suggests designating one staff as institutional permit holder to cover for all end users.

4. SHIPPER(s): (Name and Address of producer/shipper)

Enter exactly as follows:

Ms. Setsuko Tsujimura  
Cosmo Bio Co., Ltd.  
2-20 Toyo 2-chome, Koto-ku  
Tokyo 135-0016 JAPAN  
P 81-3-5632-9617  
F 81-3-5632-9618  
stsjimu@cosmobio.co.jp

5. DESCRIBE THE MATERIAL TO BE IMPORTED (Provide the following information, as applicable: Animal species and tissue of origin of animal product, country of origin of the animals from which the raw animal product was sourced, processing country, recombinant system and genetic inserts, antibody immunogens, stabilizers, nutritive factors of animal origin in media.) (COMPLETE VS FORM 16-7 for cell cultures and their products.)

Enter exactly as follows:

Collagen products produced in Japan from bovine collagen sourced from Australia or New Zealand cows.

6. QUANTITY, FREQUENCY OF IMPORTATION, AND EXPECTED COMPLETION DATE (estimate)

For example, enter "Ten (10) orders per year, 50-100 mL per order."

7. PROPOSED USE OF MATERIAL AND DERIVATIVES (Also, for animal pathogens or vectors, describe facilities/biosafety procedures)

If you will be purchasing Ateologene products, enter: "Carrier for siRNA delivery in vivo"

For all other products, enter: "Support material for growing animal cells in culture" or another description appropriate to your use.

8. IF FOR USE IN ANIMALS, SPECIFY THE ANIMAL SPECIES

If you will be purchasing Ateologene products, enter: "mouse" Otherwise, enter "Not Applicable" or appropriate species to your use

9. TREATMENT OF MATERIAL PRIOR TO IMPORTATION INTO THE U.S. (Processing/purification methods, including time at specific temperatures, pH, other treatments, disease safeguards, etc.)

Enter exactly as follows:

Sterilized by manufacturer's proprietary methods

10. METHOD OF FINAL DISPOSITION OF IMPORTED MATERIAL AND DERIVATIVES

Enter exactly as follows:

Treat as biohazardous waste

I CERTIFY AS AUTHORIZED BY THE COMPANY/INSTITUTION THAT I REPRESENT, THAT THIS MATERIAL WILL BE USED IN ACCORDANCE WITH ALL RESTRICTIONS AND PRECAUTIONS AS MAY BE SPECIFIED IN THE PERMIT.

11. SIGNATURE OF APPLICANT

sign here

12. TYPED NAME AND TITLE

print name & title

13. DATE

14. APHIS USER FEE CREDIT ACCOUNT NO. OR METHOD OF USER FEE PAYMENT (for VISA or Mastercard include number and expiration date).

enter credit card info