# APPLICATION FOR *IN VIVO* USE OF RESTRICTED IMPORTED BIOLOGICAL MATERIAL IN NON-LABORATORY ANIMALS

**Contact Name:**

**Organisation Name:**

**Address:**

**Phone No:** **Fax No:**

**Email:**

**Quarantine Approved Premises No:**

**Product Name and Catalogue no:**

**Supplier:**

**AQIS Import Permit no:**

**Composition and Treatment Prior to Importation:**

| PRODUCT COMPONENTS | SOURCE SPECIES | SOURCE COUNTRY | SOURCE TREATMENT (eg autoclaving, chemical inactivation etc - include times, temperatures, concentrations, etc) |
|---|---|---|---|
| | | | |
| | | | |

**End Use on Target Species within Australia:**

| END USE (eg type of vaccine) | TARGET SPECIES | PROCESSING DETAILS (eg autoclaving, chemical inactivation etc - include times, temperatures, concentrations, etc) |
|---|---|---|
| | | |

Certification:
I certify that the procedures and information described above and/or attached are accurate and that these materials/substances will be used in accordance with all restrictions and conditions as may be specified by AQIS.

Signature Name Designation Date