This permit application must be completed and submitted to Environmental Health and Safety (Hardy Tower 57, MC 1243, FAX x41858) including any additional requested information at least two weeks prior to the event. Once approved, a permit will be issued. Changes cannot be made without approval by an EHS Officer.

Department/Organization Name: ___________________________ Event Coordinator: ___________________________ Phone #: ___________

Company: ___________________________ Phone #: ___________

Event Name: ___________________________ Event Date(s): ___________ Event Approval System (EAS) #: ______

Type of Collection: □ Blood □ Buccal Swap □ Other: _____________________________________________________________

Event Time: ___________________________ End of Event Time: ___________________________

Location: _______________________________________________________________________________________________

Include the following documents:

<table>
<thead>
<tr>
<th>Name of Person Collecting Sample</th>
<th>Certification</th>
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Safe and Sanitary Procedures: Containment and disposal of biohazard wastes and/or sharps waste i.e. red biohazard bag, sharp waste container:

___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

This is to certify that the information provided is true and correct. Trained professionals will be present at the event and will comply with the Center for Disease Control and Prevention (CDC) requirements enforced by the Environmental Health and Safety Department. I understand that non-compliance with the requirements can result in immediate closure, loss of future privileges and disciplinary action.

Event Coordinator Signature: ___________________________________________ Date: __________

Permit Issued: □ Yes □ Incomplete Submission □ Not Required

EHS Signature: ___________________________________________ Date: __________