

## Arthropod Containment Assurance – Sand Flies

**BEI Resources requires investigators requesting live vectors to provide information on facility containment procedures for review prior to acceptance of your order.**

Investigator: \_\_\_\_\_

BEI Registration number: \_\_\_\_\_

Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Postal code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please provide answers for the following statements and sign:**

1. List the types of physical barriers in the containment facility designed to prevent accidental escape of vectors.
  
  
  
  
  
  
  
  
  
  
2. List the method(s) for trapping adult sand flies and other life stages in the event of accidental release or escape.
  
  
  
  
  
  
  
  
  
  
3. List the method/s that will be used for killing immature and adult stages before disposal.

4. Provide a description of the local climate characteristics that may (or may not) be favorable for the establishment of sand fly populations of the specific vectors requested in the event of accidental release.
  
5. State whether there is, or has been, local transmission of sand fly-borne diseases in the region and the identity of the implicated vectors.
  
6. State whether the vector species requested already occurs at the destination or in contiguous regions to which accidental introduction potentially could occur.
  
7. Describe procedures in place for reviewing and monitoring arthropod containment protocols at the primary investigator's institution by a biosafety official, regulatory committee or governmental review body (e.g. USDA).
  
8. Provide the authorized research protocol number(s) and title associated with the use of sand flies in your facility.

By signing below, you certify that the information provided about the institute's arthropod containment practices are accurate and complete. Failure to disclose any required information could result in the denial of shipment.

Principal Investigator  
Signature:

\_\_\_\_\_  
(Type Name Here) Date

Institutional Biosafety  
Officer Signature:

\_\_\_\_\_  
(Type Name Here) Date

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