APPLICATION FORM

Note: This form is provided in MS Word .docx format for easier use. Space provided, if insufficient, may be expanded or additional sheets may be added, as needed. Please do not change or alter the questions or clarification requested.

Certificate of Participation (CP)

This CP application should be submitted alongside the following to be developed by the facility:

* a facility time-bound action plan to achieve an Interim Certificate of Containment (ICC) or Certificate of Containment (CC) or to cease work with poliovirus to a defined timescale,
* a description of the current containment conditions for all areas within the facility where poliovirus work is performed or stored

1. PART TO BE FILLED BY THE DESIGNATED POLIOVIRUS-ESSENTIAL FACILITY (PEF)

|  |  |
| --- | --- |
| Application date (DD-MM-YYYY): | |
| Application for: | |
|  | Initial application | |
|  | Re-application | |
|  | Application for first extension of CP | |
|  | Application for second extension of CP | |

1. Organization or Institution Information

|  |  |
| --- | --- |
| Full name of the organization or institution:  Name of head of the organization or institution: | Complete postal address:  E-mail:  Telephone: |
| Focal person(s) in case of correspondence related to this application:  Full name:  Position: | Correspondence address:  (as it should appear on the postal address):  E-mail:  Telephone: |
| Type of organization  (Check all that are relevant to this application):  Vaccine manufacture  Laboratory (including QC)  Repository ONLY (NO handling/manipulation of retained material)  Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | Type(s) of work conducted  (Check all that are relevant to this application):  Vaccine production  Testing (QC)  Diagnostic  Research and development  Animal work  Storage ONLY (NO handling/manipulation of retained material)  Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

1. Type of material retained by the organization (please also see Page 4)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | WPV1 |  | VDPV1 |  | Sabin1 |  | Sabin monovalent OPV1 (mOPV1) |  | Novel monovalent OPV1 (nOPV1) |
|  | WPV2 |  | VDPV2 |  | Sabin2 |  | Sabin monovalent OPV2 (mOPV2) |  | Novel monovalent OPV2 (nOPV2) |
|  | WPV3 |  | VDPV3 |  | Sabin3 |  | Sabin monovalent OPV3 (mOPV3) |  | Novel monovalent OPV3 (nOPV3) |
|  | Novel poliovirus strains. Please specify e.g., S19, nOPV, PVS-RIPO, CAVA, etc. (please indicate serotype, where appropriate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  | Sabin bivalent OPV (1 and 3) (bOPV) |  | Trivalent novel OPV (1, 2 and 3) (tnOPV) |
|  |  | Sabin trivalent OPV (1, 2 and 3) (tOPV) |  | Other multivalent formulation of novel OPV. Please specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Others, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  |

1. Rationale for the retention of poliovirus materials post-eradication

|  |
| --- |
| Please describe: (please add additional sheet, as needed) |

1. Containment plans for retained poliovirus materials post-eradication (Select ONE of the two options below to indicate the CCS intention of the facility)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A. |  | | | | |
|  | Transition period preceding work cessation | | | |
|  | Expected date of work cessation: (DD-MM-YYYY) | | |  |
|  | | | | |
| Actions planned for retained poliovirus samples before CP expiry: (please select) | | | | |
|  | Manipulations as part of an ongoing programme of work | | | |
|  | Transfer of poliovirus materials to a PEF | | | |
|  | Transfer to: | |  | |
|  | Planned transfer date: (DD-MM-YYYY) | |  | |
|  | Storage ONLY | | | |
|  | Destruction | | | |
|  | Expected date of destruction:(DD-MM-YYYY) | |  | |
|  | Means of destruction: | |  | |
|  | Others, please specify: |  | | |
|  |  | | | |
|  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| B. |  | Pursue ICC or CC application | | | | | | | | |
| Actions planned for retained poliovirus samples in view of ICC or CC issuance: (please select) | | | | | | | | | |
|  | Manipulations as part of an ongoing programme of work | | | | | | | | |
|  | Storage ONLY | | | | | | | | |
|  | Application for ICC or CC | | | | | | | | |
|  | Facility CCS intention: |  | Pursue ICC only and cease work | | | |  | | Pursue ICC and CC |
|  | | | | | | | | | |
|  | Expected date of ICC achievement:  (Month YYYY) |  | | | | | | | |
|  | Is a time-bound action plan to achieve  an ICC submitted |  | Yes |  | No | | | | |
|  | | | | | | | | | |
|  | Expected date of CC achievement, if applicable  (Month YYYY or N/A) |  | | | | | | | |
|  | Is a time-bound action plan to achieve  a CC submitted: |  | Yes |  | No |  | | Not applicable | |
|  | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| Number of sites: | | | | | | |
| No. | Site location | Type of work performed | Estimated volume and amount of poliovirus materials | | No. of staff [FT: Full-Time; PT: Part-Time; SE: Self-Employed] | Shift time/no of staff during shift |
| 1. |  |  | <10 mL container | 1-100 containers |  |  |
| 100-1000 containers |
| >1000 containers |
| 10 mL to 50L container | 1-100 containers |  |  |
| 100-1000 containers |
| >1000 containers |
| >50 L container | 1-100 containers |  |  |
| 100-1000 containers |
| >1000 containers |
| 2. |  |  | <10 mL container | 1-100 containers |  |  |
| 100-1000 containers |
| >1000 containers |
| 10 mL to 50L container | 1-100 containers |  |  |
| 100-1000 containers |
| >1000 containers |
| >50 L container | 1-100 containers |  |  |
| 100-1000 containers |
| >1000 containers |
| 100-1000 containers |
| >1000 containers |
| Please add rows as needed | | | | | | |

1. For re-application

|  |
| --- |
| Summary of additional information or justification provided: |

1. For application of CP extension

|  |
| --- |
| Justification for request of extension: |

1. Declaration

On behalf of the organization, I declare that the information given in this form is, to the best of our knowledge, complete and correct. We understand that any willful misstatement would render us liable to disqualification from the containment certification process.

|  |  |
| --- | --- |
| Acknowledged by: | Witnessed by: |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Organization/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date (DD-MM-YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Organization/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date (DD-MM-YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. PART TO BE FILLED BY THE NATIONAL AUTHORITY FOR CONTAINMENT (NAC)
2. NAC information

|  |  |  |  |
| --- | --- | --- | --- |
| NAC details | Country:  Organization / Department / Unit:  Full address:  E-mail:  Telephone: | | |
| NAC request | Initial applicaton | | |
| Re-application | | |
| Application for first extension of CP | | |
| Application for second extension of CP | | |
| Date of NAC review completion: | | | |
| Status of NAC review | | | |
| Accepted | | Rejected | Pending |
| Justification supporting the decision of the NAC: | | | |
| Supporting documents for submission to GCC | | | |
| Supplied by the facility | Rationale for retaining poliovirus material post-eradication | | |
| Outline of a time-bound action plan for achieving ICC/CC status or cease work | | |
| Description of conditions for containment of poliovirus material during CP validity | | |
| Other (Please specify): | | |
| Supplied by the NAC | Evidence of immunization coverage safeguards as per GAPIV | | |
| Evidence for environmental safeguards as per GAPIV | | |
| Other (Please specify): | | |

To ensure updated data is available with WHO, please complete the following table with information on NAC membership:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NAC Membership | | | | | |
| Generic e-mail ID of the NAC: | |  | | | |
| No | Name and Title  (Title SURNAME, First Name and Middle Name, etc.) | Designation  in the NAC | | Institutional  Designation | Phone number  E-mail ID |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
| Please add rows as needed | | | | | |
| Please indicate the e-mail ID(s) to be included in any correspondence with the NAC: | | |  | | |

1. Declaration

On behalf of the NAC, I declare that the information given in this form is to the best of our knowledge, complete and correct.

|  |  |
| --- | --- |
| Acknowledged by: (Signature) | Witnessed by: (Signature) |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Organization/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date (DD-MM-YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Organization/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date (DD-MM-YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

C. PART TO BE FILLED BY THE GLOBAL COMMISSION FOR THE CERTIFICATION OF THE ERADICATION OF POLIOMYELITIS (GCC)

1. GCC Information

|  |  |  |
| --- | --- | --- |
| Signature: | | Name:  Position:  Email: |
|  | | |
| Date processed: |  | |

|  |  |  |
| --- | --- | --- |
| Supporting documents received by GCC include | | |
| Supplied by the facility |  | Rationale for retaining poliovirus material post-eradication |
|  | Outline of a time-bound action plan for achieving ICC/CC status or cease work |
|  | Description of conditions for containment of poliovirus material during CP validity (PEF) |
|  | Other (Please specify): |
| Supplied by the NAC |  | Evidence of immunization coverage safeguards as per GAPIV |
|  | Evidence for environmental safeguards as per GAPIV |
|  | Other (Please specify) |

|  |  |  |
| --- | --- | --- |
| Type of CP application reviewed: |  | Initial application |
|  | Re-application |
|  | Application for first extension of CP |
|  | Application for second extension of CP |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of GCC review completion: |  | | | |
| Status of GCC review: |  | Accepted |  | Rejected |

|  |
| --- |
| Comments: |

1. Acknowledgement

|  |
| --- |
| Acknowledged by: |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Organization/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date (DD-MM-YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |