



Laboratory Access: Faculty/Staff Informed Consent

Participant & Badge #: _____ Date: _____

Unit: _____ Laboratory: _____

Roseman University of Health Sciences and Research Participant (hereinafter referred to as "I") agree as follows:

I desire to participate in research at Roseman University of Health Sciences as a University Employee.

I will receive training by the Campus Safety Officer prior to initiating laboratory research activities at Roseman University of Health Sciences. I am aware that by working in a research laboratory I am at risk of exposing myself to compounds, including, but not limited to:

- infectious materials
- allergens
- reproductive toxins
- carcinogens
- mutagens
- teratogens
- respiratory tract sensitizers
- reactive substances
- mechanical hazards
- electrical hazards
- flammable materials
- volatile compounds
- toxins
- dermal sensitizers
- corrosives
- gases under pressure
- irritants
- oxidizers
- acids
- bases

I understand that if I am unsure of any potential hazards of a chemical, cell, organism or piece of equipment, it is my responsibility to seek guidance from the Campus Safety Officer.

As consideration for permission to use Roseman University of Health Sciences equipment, supplies and facilities in order to engage in research and related activities, I will abide by the following rules:

- I have reviewed the relevant Roseman University of Health Sciences laboratory safety policies, rules and regulations and agree to strictly adhere to them.
- I agree to assume responsibility for my own safety and not endanger others.
- I agree to use utmost care in handling and preserving University equipment, supplies and research data.



- I agree to protect the confidentiality of all research data and materials recognizing the rights of the University to intellectual property that may be result from my research activities.
- I shall not remove University property from Roseman University of Health Sciences.
- I certify that I have medical and accident coverage that will cover any personal injury that I may sustain while using Roseman University of Health Sciences facilities and equipment, regardless of cause, and shall maintain such insurance coverage at all times during my participation in research activities on Roseman University of Health Sciences property.

Signatures:

_____ Date: _____
Participant, Title

_____ Date: _____
Dean