



## Laboratory Access: Student Informed Consent

Student Name & Badge#: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Unit: \_\_\_\_\_ Laboratory: \_\_\_\_\_

Roseman University of Health Sciences and Student Researcher (hereinafter referred to as “I”) agree as follows:

I desire to participate in research at Roseman University of Health Sciences as an unpaid student researcher from the date of final signature on this document through termination of my services by myself or by Roseman University of Health Sciences. As a result, I am not entitled to any employee benefits.

I am not receiving remuneration or compensation for these research activities. I am providing my services as a volunteer in order to gain research experience.

I will receive training by the Faculty Advisor and Laboratory Personnel prior to working on the project. As part of this training I will be educated about all components of the project and their associated risks. 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          | - reactive substances | - corrosives           |
| - allergens                     | - mechanical hazards  | - gases under pressure |
| - reproductive toxins           | - electrical hazards  | - irritants            |
| - carcinogens                   | - flammable materials | - oxidizers            |
| - mutagens                      | - volatile compounds  | - acids                |
| - teratogens                    | - toxins              | - bases                |
| - respiratory tract sensitizers | - dermal sensitizers  |                        |

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 Laboratory Personnel or the Faculty Advisor.

Prior to beginning my project, I will be trained in general laboratory safety procedure. I will only work on the project to which I have been assigned to and received training for from the supervising Faculty Advisor. I will not handle any other chemical, cell, organism, or equipment that I have not been explicitly authorized to use.



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

- I have reviewed the relevant Roseman University of Health Sciences laboratory safety 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, including research data, from Roseman University of Health Sciences.
- I shall not disclose or publish any information related to my research activities at Roseman University of Health Sciences without advance consent, in writing, by the Faculty Advisor.
- 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.
- I agree to provide a copy of such coverage to the Faculty Advisor prior to commencing any research activities.

I, on behalf of myself and my personal representatives and heirs at law, hereby agree to indemnify, defend and hold harmless Roseman University of Health Sciences, its officers, agents, employees and volunteers from all claims, suits, or actions of any nature arising out of any injuries or loss arising related to my participation in research activities while using Roseman University of Health Sciences facilities.

Assumption of general risk: I acknowledge that I am participating in research activities on Roseman University of Health Sciences property at my own risk. I understand the inherent risks of injury related to my participation in laboratory research activities. By signing below, I acknowledge that I have read and understand the assumption of general risk and agree to the conditions listed above.



**Signatures:**

\_\_\_\_\_ Date: \_\_\_\_\_  
Student Researcher

\_\_\_\_\_ Date: \_\_\_\_\_  
Faculty Advisor, Title

\_\_\_\_\_ Date: \_\_\_\_\_  
Dean