



## MINORS PARTICIPATING IN ACTIVITIES IN RESEARCH LABORATORIES REGISTRATION FORM

### Purpose:

This form addresses only laboratory safety items associated with minors participating in research activities in laboratories.

- Review Minors in Laboratories at Emory University Policy at <http://policies.emory.edu/7.21> to determine if you should complete this form. In general, **this form does not need to be completed for Minors** who participate in activities in research laboratories because they are:
  - enrolled in an Emory University or Oxford College regular catalog course or degree program; or
  - employed by Emory University as a full-time or part-time employee.

### Instructions:

| <i>Principal Investigator (PI)/Sponsor</i>   | <i>Minor</i>                                   | <i>Parent/Guardian</i>                         |
|--|--|--|
| Complete Section 1<br>(Subparts A, B, C and D)   | Complete Section 2                             | Complete Section 3<br>(Subparts A and B)       |
| Email fully completed and signed form to <a href="mailto:biosafe@emory.edu">biosafe@emory.edu</a> , Parent/Guardian, and Minor | Return completed and signed form to PI/Sponsor | Return completed and signed form to PI/Sponsor |

### Important Notes:

- Hepatitis B Documentation
  - Hepatitis B vaccination and antibody titer check is recommended for individuals handling human source materials, including human cell lines.
  - Getting the Hepatitis B vaccine in and of itself does not provide 100% certainty that an individual is immunized against Hep B. An antibody titer check provides evidence of immunity to Hepatitis B.
- Other Immunizations
  - Additional Immunizations may be recommended based on biological agents used.
- All required sections of the form must be completed and submitted to EHSO for approval.
- The minor cannot participate in any research activities until all training requirements are completed and written approval is received from EHSO.

**MINORS PARTICIPATING IN ACTIVITIES IN RESEARCH LABORATORIES - REGISTRATION FORM**

**SECTION 1 – Subpart A:** *(to be completed by PI/Sponsor)*

| PRINCIPAL INVESTIGATOR/SPONSOR INFORMATION                 |  |                                       |  |
|--|--|---------------------------------------|--|
| PI/Sponsor Name and Title:                                 |  |                                       |  |
| Department:  |  | Phone #:                              |  |
| Campus Address:  |  | Office Rm #:                          |  |
| Alternate Lab Contact Name and Title:                      |  | Phone #:                              |  |
| Campus Address:  |  | Office Rm #:                          |  |
| MINOR INFORMATION  |  |                                       |  |
| Name:  |  | Date of Birth:                        |  |
| Lab Location:<br><i>(where activities will take place)</i> | Building and Room Number(s):   | Phone #:                              |  |
|  |  | Email:                                |  |
| Reason for Request:<br><i>(check one)</i>                  | <input type="checkbox"/> Science Fair Project<br><input type="checkbox"/> Volunteering<br><input type="checkbox"/> Internship<br><input type="checkbox"/> Other: | Project Title: <i>(if applicable)</i> |  |

**Section 1 – Subpart B:** *(to be completed by PI/Sponsor)*

Provide a non-technical abstract (using lay terminology) to describe the specific techniques to be used by the Minor. The description should include examples of the materials and methods required (e.g., cell culture, PCR, cell sorting). If the Minor will participate in animal experiments, then include examples of the procedures (e.g., tail vein injection of human cell lines, oral administration of chemotherapeutic agent). Attach a separate sheet if necessary.

**Project Description:**

|  |  |
|--|--|
| <b>Laboratory Activities:</b><br><i>(check all that apply)</i> | <input type="checkbox"/> Handles human source materials, including human cell lines  |
|  | <input type="checkbox"/> Handles laboratory animals<br><input type="checkbox"/> Exposed to laser light<br><input type="checkbox"/> Handles or exposed to formaldehyde, formalin, paraformaldehyde, etc.<br><input type="checkbox"/> Other: _____ |

|   |                          |                           |  |
|---|--------------------------|---------------------------|--|
| <b>Animal Material Use:</b><br><i>(check if applicable)</i> | <input type="checkbox"/> | <b>Animal Species(s):</b> |  |
|---|--------------------------|---------------------------|--|

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**SECTION 1 – Subpart C: (to be completed by the PI/Sponsor)**

I agree to sponsor and provide supervision for \_\_\_\_\_ (*insert Minor's name*), and by my signature below I acknowledge and agree as follows:

- I have read, understood and will adhere to the Minors in Laboratories at Emory University Policy (<http://policies.emory.edu/7.21>).
- I have provided the Minor hazard specific safety training and had the Minor complete any other training required and provided by EHSO, IACUC or other appropriate Emory units. I provided hazard specific safety training by doing the following:

**[insert description of training PI/Sponsor provided to Minor on specific lab hazards]**

- Personal protective equipment appropriate for and specific to laboratory hazards will be provided to the Minor, and Minor will be instructed in the use/disposal of this equipment.
- While in the laboratory, the Minor will never be left alone and will be supervised at all times by myself or by another responsible faculty member or full-time staff member to whom I have specifically delegated this responsibility.
- Minors shall not be issued card keys to any animal facilities and while in animal facilities, Minors must be continuously accompanied by responsible members of the research team to whom the Division of Animal Resources (DAR) or Yerkes has issued card keys.
- My laboratory is in full compliance with all applicable Emory University safety programs.

|  |  |
|--|--|
| <b>Date of last Lab Self-Inspection:</b> |  |
| <b>Lab Self-Inspection conducted by:</b> |  |

\_\_\_\_\_  
*Principal Investigator/Sponsor Name* *Department*

\_\_\_\_\_  
*Principal Investigator/Sponsor Signature* *Date*

**MINORS PARTICIPATING IN ACTIVITIES IN RESEARCH LABORATORIES - REGISTRATION FORM**

**SECTION 1 – Subpart D:** *(to be completed by the PI/Sponsor)*

The information in Section 3 - Subpart A must be completed by the Principal Investigator/Sponsor for the Minor who will be performing activities in an Emory University laboratory.

**This information must be completed before registration form is provided to the Minor’s Parent/Guardian for review and signature.**

| ACTIVITY INFORMATION   |                          |  |  |
|--|--------------------------|--|--|
| Name of Educational Program in which Minor is participating: |                          |  |  |
| Name of Mentor for Mentorship Relationships:                 |                          |  |  |
| Purpose of Activity:   |                          |  |  |
| Location of Activity on Emory Campus:                        |                          |  |  |
| <b>Start Date of Activity:</b>                               |                          | <b>End Date of Activity:</b>                                 |  |
| Animal Use: <i>(check if applicable)</i>                     | <input type="checkbox"/> | Activity involves working with the following Animal type(s): |  |

**SECTION 2:** *(to be completed by Minor)*

**RULES FOR MINORS PERFORMING ACTIVITIES IN LABORATORIES**

1. Never work alone in any laboratory environment or animal facility without direct, immediate adult supervision from the Principal Investigator/Sponsor or someone designated by him/her as supervisor. In the case of animal facilities, your supervisor must have been issued a valid access card key.
2. Always follow the instructions of the Principal Investigator/Sponsor or designated supervisor. Always report any accident (regardless of severity) immediately to the Principal Investigator/Sponsor or designated supervisor.
3. Always wear the personal protective equipment as directed and dispose of it appropriately. This personal protective equipment may include safety glasses, gloves, coats/gowns, and other face/body protection as dictated by the hazard with which you are working.
4. Always keep your hands away from your face and wash them well with soap and water prior to leaving any laboratory area.
5. Never eat, drink, chew gum, smoke, apply lip balm or cosmetics or touch contact lenses while in any laboratory environment.
6. Always wear closed-toe shoes while in any laboratory.
7. Always tie back long hair to keep it out of all the hazards.
8. Always wear clothing that reduces the amount of exposed skin.
9. Always ask questions if you don't understand the safety requirements.

- **I have read** the “**Rules for Minors Performing Activities Working in Laboratories**” above.
- **I UNDERSTAND** these rules and **AGREE** to follow them.
- **I UNDERSTAND** that if I do not follow these rules, I may be asked to leave.

\_\_\_\_\_  
*Minor Name* *Date of Birth*

\_\_\_\_\_  
*Minor Signature* *Date*

**MINORS PARTICIPATING IN ACTIVITIES IN RESEARCH LABORATORIES - REGISTRATION FORM**

**SECTION 3 – Subpart A:** *(to be completed by the Parent/Guardian)*

*The Parent/Guardian must review the information provided by the PI/Sponsor in this registration form, then complete and sign Section 3 - Subpart A and B.*

**By signing this form, I certify that I:**

- Am the parent or legal guardian of the Minor identified below.
- Give my permission for the Minor to participate in the Activity described above.
- Understand that the Activity will take place in a laboratory at Emory University.
- Understand that there are certain hazards and risks involved in taking part in activities in a laboratory including, but not limited to, cuts, scratches, eye injuries, burns, and exposure to potentially harmful chemicals and biological matter and agents that can cause illness and/or injury.
- Understand that if the blank above under “Animal Use” is checked, the activity will involve the use of the described animals.
- Understand that there are certain hazards and risk involved in working with animals including, but not limited to, scratches, bites, allergic reactions to animal dander and potential to contract disease from the animal.
- Understand the Minor is responsible for following all rules and instructions while participating in the Activity and that the Minor’s failure to do so will result in his/her participation in the Activity ending.
- Understand that if any time the Emory personnel in charge of the activity decide, in their sole discretion, that it is in the best interest of the Minor or of Emory University for the Minor to no longer participate in the Activity, then the Minor’s participation will immediately end.
- Understand that by participating in this Activity, the Minor will not be an employee of Emory University or a student enrolled in an Emory catalog course or degree program.
- Understand that Emory will not provide any accident or health insurance for the Minor and that it is my responsibility to pay for treatment of any injuries or illness that result from the Minor’s participation in the Activity.
- Understand that in the event of an emergency, Emory will attempt to contact me at the phone numbers that I have provided below and agree that Emory has my permission to take the Minor for any necessary emergency treatment at the nearest medical facility, even if Emory cannot contact me first.
- Agree that the Minor is voluntarily participating in this educational Activity, and that in consideration of the Minor being able to participate, I will hold harmless and indemnify Emory University, its trustees, faculty, staff and students, from and against any and all claims, damages or liability arising from, or in any way related to, the Minor’s participation in the Activity or presence at Emory facilities in relation with the Activity.

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| <b>Name of Minor:</b>  |  | <b>Date of Birth:</b> |  |
| <b>Name of School:</b> |  | <b>Grade Level:</b>   |  |

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*Parent/Guardian Name*

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*Parent/Guardian Signature*

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*Date*

**MINORS PARTICIPATING IN ACTIVITIES IN RESEARCH LABORATORIES - REGISTRATION FORM**

**SECTION 3 – Subpart B: (to be completed by the Parent/Guardian)**

| CONTACT INFORMATION FOR PARENT/GUARDIAN |  |                |  |
|---|--|----------------|--|
| Home Phone #:                           |  | Work Phone #:  |  |
| Cell Phone #:                           |  | Pager/Other #: |  |

| CONTACT INFORMATION FOR AN ALTERNATE PERSON TO CONTACT IN THE EVENT OF AN EMERGENCY IF THE PARENT/GUARDIAN NAMED ABOVE CANNOT BE REACHED |  |                        |  |
|--|--|------------------------|--|
| Alternate Contact Person Name:   |  | Relationship to Minor: |  |
| Home Phone #:  |  | Work Phone #:          |  |
| Cell Phone #:  |  | Pager/Other #:         |  |

**SECTION 4: (to be completed by EHSO)**  
**ENVIRONMENTAL HEALTH AND SAFETY OFFICE APPROVAL**

|  |   |
|--|---|
| Lab Self Inspection                    | <input type="checkbox"/> Lab Self Inspection has been completed within the last 12 months |
| EHSO Training                          | <input type="checkbox"/> Minor has attended in-person Lab Safety Awareness training       |
| Hepatitis B Immunization Documentation | <input type="checkbox"/> Received<br><input type="checkbox"/> Not Applicable              |

\_\_\_\_\_  
*EHSO Professional Name and Title*

\_\_\_\_\_  
*Date*