

Investigator Assurance

- I attest that the information contained in this registration is accurate and complete.
- I agree to comply with all East Texas A&M University IBC requirements regarding research involving biohazardous and / or recombinant materials.
- I agree not to initiate any research subject to IBC approval unless I have received such approval.
- I agree to notify the IBC via Research Compliance immediately of incidents involving biohazardous and / or recombinant agents
- I have read and agree to comply with the *NIH Guidelines for Research Involving Recombinant DNA (NIH Guidelines)*. I acknowledge my responsibility for the conduct of this research in accordance with Section IV-B-7 of the *NIH Guidelines*.
- I have the knowledge and training required to safely handle the materials described.
- I agree to train all of my laboratory personnel according to the bio-safety level of the laboratory.
- Entry doors to the laboratory will be closed and locked when the laboratory is unattended.
- I agree to provide all personnel working in the laboratory notification, information and training on the hazards, laboratory security and emergency policies and procedures associated with working in my laboratory.
- I agree to inform all personnel working in the laboratory that potentially all microorganisms can be pathogens under certain conditions. When necessary, work procedures and protocols are in place to prevent aerosols and exposure to microorganisms.
- All personnel are provided training in sterile technique, the use of automatic pipettors and the proper disposal of biohazardous materials.
- All personnel are advised that if they are in an immunocompromised/immunosuppressed condition that they are at risk for infection from the general environment and susceptible to infections that would normally not be a problem for an immunocompetent individual. All personnel are further advised that working in a laboratory that conducts experiments using live microorganisms could increase their risk of infection and be hazardous to their health.

Signature of Principal Investigator
Name

Date

Typed/Printed

Signature of Principal Investigator Supervisor
Name

Date

Typed/Printed