

New/Temporary Personnel Form

Application must be typed.

Principal Investigator: _____ Department: _____
 Campus Location: _____ Building/Lab Number: _____
 PI Phone Number: _____ Email Address: _____
 IBC/HBA Protocol Number: _____ Fax Number: _____
 Title of Project: _____ Date of Request: _____ (used as the Request Number)

If funded, please provide the following: Start Date: _____ End Date: _____
 Title: _____ Agency: _____ Grant #: _____

A. New Personnel:

List all personnel working in the laboratory with infectious or potentially Hazardous Biological Agents and/or recombinant or synthetic nucleic acids that are not listed on your original or annual renewal registration form(s). If personnel is temporary (visiting professors, interns, summer students, etc.), please report anticipated date of departure.

Lab Member Name	UTRGV Employee ID	Role. (Student assistant, visiting professor, consultant, technician, intern, graduate student, etc.)	Date of arrival to laboratory	Date of departure from laboratory (if known)

B. Training:

Check relevant training completed. *Provide documentation of all training indicated (including date completed).*

- Laboratory Specific Training
- CITI Training
- Basic Laboratory Safety Training
- Biological Safety Training (BSL-2)
- Biological Safety Training (BSL-3) - Only required if working with BSL-3 agents
- Other:

Assurance Statement:
 By signing below, I give my assurance that lab members will not engage in potentially hazardous research activities without appropriate level of training, experience or supervision.

SIGNATURE OF PI: _____ Date: _____