



## NON-EMORY RESEARCH AFFILIATES REGISTRATION FORM

### Purpose:

This form addresses only laboratory safety items associated with non-Emory affiliates participating in research activities. There may be additional human resources requirements.

- **DO NOT PROCEED without reviewing the Emory University School of Medicine guidelines:** <https://inside.med.emory.edu/research/resources/students-lab.html> to determine if you should complete this form.
- **This form does not need to be completed for individuals who are:**
  - enrolled in an Emory University or Oxford College course or degree program; or
  - employed by Emory University as a full-time or part-time employee.

### Important Notes:

#### Hepatitis B Documentation

- Hepatitis B (HBV) immunization records and an antibody titer result are required for individuals handling human source materials, including human cell lines.
- The HBV vaccine does not provide 100% certainty that an individual is immunized against HBV. An antibody titer check provides evidence of immunity to HBV.
- The individual cannot participate in any research activities until all training requirements are completed and written approval is received from EHSO.
  - Individuals must receive EHSO approval before being added to IACUC protocols.

### Section 1 – Subpart A: (to be completed by PI)

<b>Principal Investigator</b>			
Name:		Job Title:	
Department:		Phone #:	
Office Building and Room #:		Laboratory Building and Room #(s):	
<b>Alternate Laboratory Contact/Supervisor</b>			
Name:		Job Title:	
Office Building and Room #:		Phone #:	
<b>Non-Emory Affiliate</b>			
Name:		Date of Birth:	
Email:		Phone #:	
Start Date:		Anticipated End Date:	
Has the individual participated in Emory research activities previously?			<input type="checkbox"/> Yes <input type="checkbox"/> No

## NON-EMORY RESEARCH AFFILIATES REGISTRATION FORM

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

Provide a non-technical abstract to describe the specific techniques to be used by the non-Emory affiliate. The description should include examples of the materials handled and methods performed (e.g., cell culture, PCR, cell sorting). If the individual 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).

#### Project Description:

<b>Laboratory Activities:</b> <i>(check all that apply)</i>	<input type="checkbox"/> Handles human source materials, including human cell lines <input type="checkbox"/> Handles laboratory animals <input type="checkbox"/> Handles BSL-2 level materials <input type="checkbox"/> Handles or exposed to radioactive materials (RAM) <input type="checkbox"/> Exposed to Class 3B or Class 4 lasers <input type="checkbox"/> Handles or exposed to formaldehyde, formalin, paraformaldehyde, etc. <input type="checkbox"/> Other: _____
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<b>Animal Material Use:</b> <i>(check if applicable)</i>	<input type="checkbox"/>	<b>Animal Species(s):</b>	
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### Section 2: *(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"/> Applicable EHSO trainings have been completed
Hepatitis B Immunization and Titer Documentation	<input type="checkbox"/> Received <input type="checkbox"/> Not Applicable

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EHSO Professional Name and Title

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Date