

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
Minors in Laboratories Consent/Signature Sheet

Observation/Project Information:

Printed name of Minor _____ DOB of Minor _____

Printed name of PI/Sponsor _____ R# _____ Campus _____

Laboratory room number(s) where observation/project will occur _____

Date(s) of observation/project _____

Personal protective equipment to be used _____

Summary of proposed observation/project including procedure and materials to be utilized:

Sponsor Agreement:

I AGREE TO SPONSOR

Printed name of PI/Sponsor's Department Chairperson

Signature of PI/Sponsor's Department Chairperson

Date

Minor Acknowledgment:

- I HAVE READ AND UNDERSTAND Attachment B of HSC OP 73.15, "Potential Hazards in Research Laboratories" information sheet explaining the hazards involved in scientific research.
- I WILL ADHERE TO all applicable TTUHSC policies and procedures regarding minors in research laboratories. (07/14/2019 T431)

