

REQUEST FOR APPROVAL OF RESEARCH PROJECT INVOLVING MINOR PARTICIPANTS IN LABORATORIES

Minors in Laboratories Request Number:

INSTRUCTIONS TO SPONSORING FACULTY MEMBER/RESEARCHER

1. Prior to submission of this form, contact the Office of Environmental Health and Safety to discuss the request with the Director, or his designee, and to obtain a “Minors in Laboratories Request Number”. *(STARS Mentors are exempted from this requirement and a request number will be assigned after submission.)*
2. Complete all pages of this form, and execution of the Sponsoring Faculty Member/Researcher Acknowledgement on the last page.
3. Forward the completed request, inclusive of all executed Parent/Guardian Consents, at least two weeks in advance of the proposed start date, either by:
 - (a) Interoffice mail to the Office of Environmental Health and Safety, Caroline Building, Suite 305,
 - or**
 - (b) Email, with a PDF scan of the executed forms attached, to: envsafety@slu.edu

Applicant:

(Sponsoring Faculty Member/Researcher)	(Department)
(Other Designated Lab Supervisor of Minor(s) – If applicable)	(Department)
(Other Designated Lab Supervisor of Minor(s) – If applicable)	(Department)

Lab Locations: Campus locations/addresses at which activities will take place [Include building name(s) and room number(s)]:

Start Date of Minor(s): _____ **Daily Start Time:** _____
 (Mo/Day/Yr)

End Date of Minor(s): _____ **Daily End Time:** _____
 (Mo/Day/Yr)

- Reason for Request:**
- | | | |
|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> STARS Program | <input type="checkbox"/> Science Fair | <input type="checkbox"/> Scouts |
| <input type="checkbox"/> Internship | <input type="checkbox"/> Special Tour | <input type="checkbox"/> Volunteering |

Other (specify): _____

Project Title:

Description of Project:

See text box below.

See additional page(s) attached.

Chemical Use? No

Yes; hazardous chemicals are used, see text box below.

See additional page(s) attached.

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

(6) _____

(7) _____

(8) _____

Animal Use? No

Yes; if yes, answer the following questions:

- (a) Will the minor participant be working with live animals? Yes No
- (b) If yes to (a), specify applicable IACUC protocol number(s): _____
- (c) Will the minor participant need access to the animal facility? Yes No
- (d) Will the minor participant be handling animal products or dead animals? Yes No

Biological Materials Use? No

Yes; but **not a known or potentially hazardous biological material.**

(a) If yes, please list or provide a description of the biological materials that the minor participant will be working with:

Yes; **a known or potentially hazardous biological material but used for teaching purposes only.**
(This includes work with attenuated strains of microbial pathogens and human-derived materials.)

(a) If yes, please list or provide a description of the biological material the minor participant will be working with:

(b) If human-derived materials human derived materials, please confirm that OSHA required Bloodborne Pathogen (BBP) training has been completed for each Saint Louis University employee by providing their names, titles and the training date(s) in the table below.

Name	Title	Date Completed BBP Training

Note: Minor participants will also be required to complete BBP training prior to working with human derived materials.

Yes; **a known or potentially hazardous biological material, or recombinant nucleic acid biological material, used in research.**

(a) If yes, specify applicable IBC protocol number(s): _____

(b) If yes, has an amendment adding the student(s) to each IBC protocol been made?

- Yes (*a copy is included with this application*)
- No (*approval of this request for approval of research project involving minors in laboratories will be delayed or denied*)



SAINT LOUIS UNIVERSITY EST. 1818

REQUEST FOR APPROVAL OF RESEARCH PROJECT INVOLVING MINOR PARTICIPANTS IN LABORATORIES

Minors in Laboratories Request Number*:

[Empty box for Request Number]

(See Page 1)

Saint Louis University Sponsoring Faculty Member/Researcher Acknowledgement of Policy on Minors in Laboratories:

I, _____, certify that I have read and understand the Saint Louis University Policy on Minors in Laboratories and agree to fully comply with all of the requirements outlined.

Sponsoring Faculty Member/Researcher: _____ (Signature*)

Date: _____ (Mo/Day/Yr) Campus Phone Number: _____

* Signature: Completed forms may be submitted without signature if emailed from the applicant's SLU Email address which shall be taken to be equivalent to the applicant's signature for the review phase...

Table with 5 columns: Area, BSO, CHO, ARSO, DIR. Rows for Initials and Date.

Saint Louis University Office of Environmental Health and Safety Use Only APPROVAL

Minors In Laboratories Approved Project No.: [Empty box]

Approved by: _____ (Signature) Date of Approval: _____ (Mo/Day/Yr) Printed Name: Mark G. Haenchen, M.S., J.D. Title: Director, Office of Environmental Health and Safety

- Copies to (as checked): Sponsoring Faculty Member, Researcher's Department Chairperson, Department Business Manager, Vice President for Research, Dean, Building Manager - if applicable, Other: _____