# Visiting Responsible Researcher Form

# Working with Vertebrates at the MBL

Direct contact with vertebrates may present health related risk (allergies, bites etc) to individuals. The Responsible Researcher should assess not only their own risk but that of all individuals they oversee within their laboratory. This form provides MBL with an understanding of the animals, duration of animal use and list individuals with direct contact with these animals while at MBL. The Responsible Researcher takes ownership of health risks for both themselves and for those individuals they oversee in the laboratory.

Please complete both Part A and Part B and then email completed form to IACUC@mbl.edu

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| **PART A****User Information and Questionnaire** |

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| **Name:**  | **Phone**  | **Email**  |
| **MBL Affiliation**  | **Home Institution/Company**  |
| **IACUC Protocol #** |  |

1. **What are the dates of your visit at MBL?**
2. **What is the purpose of the visit (research, training, course etc)?**
3. **What MBL laboratories or research facilities will be accessed while at MBL (building/rooms)?**
4. **List all vertebrate species which will be handled while at the MBL as part of research or teaching.**
5. **List names of all users which you have responsibility for within the laboratory at MBL which will be in contact with vertebrates?**

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| **PART B****Visiting Responsible Researcher Assurance** |

## As a visitor to the Marine Biological Laboratory, I confirm by my signature the following for both me and for individuals working within my laboratory:

* We understand that there are health risks associated with laboratory animals. Laboratory animals may carry diseases, may bite or scratch, or may cause me to have an allergic reaction. Radiation, hazardous chemicals, or biological agents may be in use in the facility. Any of these may affect one’s health.
* We have insurance that will cover medical expenses in case of accident or illness while at the Marine Biological Laboratory and, as such, we fully understand that we are not covered by any MBL workers' compensation or medical insurance of any kind.
* We will follow all written warnings and protective clothing/equipment requirements posted in the facility.
* We will follow the instructions of any accompanying MBL employee or MBL Faculty.
* We will follow good hygiene practices, including not eating, drinking, or applying cosmetics in the facility, washing my hands promptly after handling animals, and not wearing clothing contaminated with animal materials out of the facility.
* We will not enter another animal facility area while at MBL without granted permission by MBL’s research staff.
* *We will enter the animal facility at our own risk if any of the following is true*:
	+ We have a condition that may increase health risks (such as significant allergies, pregnancy, immune disorder, or illness).
	+ We believe one’s health will be adversely affected by entering the facility.
	+ We do not understand these warnings.
	+ We believe we need more information.
	+ We want to have one’s health status evaluated by a physician prior to entering the facility or the investigator laboratory.

**Please Note:** Prior to being allowed to enter the animal facility, MBL personnel may perform facility orientation or specific training may be required to ensure everyone is adequately instructed on facility procedures.

Signature:       Date: