

**STATEMENT OF INFORMED CONSENT**  
**Institutional Biosafety Committee (IBC)**  
**The University of Mississippi Medical Center (UMC)**  
(Approved September 2004)

FILE THIS FORM WITH THE IBC BEFORE PERSONNEL WORK WITH BIOHAZARDS.

1) I am aware that I will participate in activities that involve potential exposure to the following biohazard(s): \_\_\_\_\_

2) I have read and understand UMC's Standardized Plans for waste disposal, training and emergency procedures, including the requirement to report exposure incidents to Student and Employee Health.

Yes  No

3) I understand this biohazard is either  
exempt from federal guidelines but must be worked with at BSL-1  (skip to and complete #6)  
or  
it is NOT exempt and requires containment at BSL-1  BSL-2  BSL-3  BSL-4 .

4) I am aware that inherent risks associated with this biohazard include:

\_\_\_\_\_  
\_\_\_\_\_

5) I have been trained in practices, procedures and the use of barriers that, when properly employed, will provide containment suitable to the Biosafety Level checked above.

Yes

6) Print Name \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Supervisor's Name \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Copy: 1) to IBC, 2) in Biosafety Manual (if BSL-2 or higher).**