



South Carolina

LABORATORY-SPECIFIC TRAINING VERIFICATION FOR COVID-19 RESEARCH:

I have reviewed the Biosafety Guidance for COVID-19 Research with my laboratory staff. I understand that I am responsible for providing laboratory-specific training to my staff. This includes training regarding their duties, the necessary precautions to prevent exposures, and exposure evaluation procedures.

Principal Investigator's Name: _____
(Print) (Signature)

I have reviewed the Biosafety Guidance for COVID-19 Research with my Principal Investigator or laboratory supervisor and I have been provided with laboratory-specific training for the COVID-19 research I will be conducting. I understand the information contained in this guide, have had the opportunity to ask questions, and will follow these safe work practices and procedures when conducting COVID-19 research in the laboratory.

Laboratory Personnel's Name: _____
(Print) (Signature)

(Print) (Signature)

(Print) (Signature)

(Print) (Signature)

(Print) (Signature)