

Visiting Students in Basic & Clinical Research Laboratories

This procedure establishes required measures that must be taken for all visiting students to be considered for an internship or work (paid or unpaid), or observation/shadowing, in a PSCOM laboratory/department, ensuring that he/she receives the appropriate instruction, supervision, and parental consent. This policy/procedure does not apply to students who receive safety training during their program orientation (i.e., graduate students, SURIP program, etc.).

1. **Faculty Sponsorship:** The visiting student must be sponsored by a member of the Penn State University College of Medicine faculty. This faculty sponsor is responsible for ensuring that this procedure is completed and that the student's activities are supervised closely.
2. **Parental Consent:** If the student is under the age of 18, the high school student's parent or guardian must complete the Parental Consent Statement and submit it to the sponsoring faculty.
3. **Laboratory Program Approval:** The sponsoring faculty must complete the **Application for Visiting Students to Conduct Research/Work (paid/unpaid) or to Observe/Shadow in a Basic or Clinical Research Laboratory or Department** and submit it, along with the completed **Parental Consent Statement** (if under age of 18), to Department Coordinator for the Observation/Career Shadowing Program to be reviewed and approved by the department, the Department of Safety, and the Research Quality Assurance Office. (For a list of department coordinators, please refer to the Academic Placements Office website at:
<http://www.pennstatehershey.org/web/academicplacements/home/programs/observation>)
4. **Department of Safety Approval:** Department of Safety, in consultation with the Research Quality Assurance Office, reviews the application and either approves the project or contacts the sponsoring faculty for clarification or modification. When approved, the Department of Safety and the Research Quality Assurance Office jointly determines which safety training is needed and makes arrangements for it through the sponsoring faculty. For questions or concerns about laboratory facility safety-related matters, please contact Doug Kuhn, Ph.D., at 717-531-5540; and for laboratory operational safety-related matters, please contact Raymond Scheetz at 717-531-5573.

(Important note: If this is an observation/shadowing visit, no use of or contact with hazardous materials of any kind is permitted by the student and the student must be closely supervised at all times.)
5. Student may begin educational experience when training has been completed.
6. The Laboratory Safety Approval must be resubmitted if there are any substantial changes in the activities or scope of work.

Please check one: <input type="checkbox"/> Research Internship <input type="checkbox"/> Observing/Shadowing
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Penn State University College of Medicine
Application for Visiting Students to Conduct Research/Work (paid or unpaid) or
Observe/Shadow in a Basic or Clinical Research Laboratory or Department

Student's Last Name: _____ First Name: _____
 Current College/University/School: _____
 Starting Date: _____ Ending Date: _____
 Description of project the above student will be involved in: _____

Please provide a summary of techniques this student is likely to use, as well as the materials and equipment in the laboratory which require particular care; these should be discussed with the student:

Techniques: _____

Materials and Equipment: _____

Note: Significant changes in the activities or scope of work described above will require re-submission and re-authorization

Does your laboratory use:

- | | | | |
|------------------------------|--|-------------------------|--|
| Radioactive materials | yes <input type="checkbox"/> no <input type="checkbox"/> | Carcinogenic substances | yes <input type="checkbox"/> no <input type="checkbox"/> |
| Toxic & hazardous substances | yes <input type="checkbox"/> no <input type="checkbox"/> | Corrosive materials | yes <input type="checkbox"/> no <input type="checkbox"/> |
| Flammable substances | yes <input type="checkbox"/> no <input type="checkbox"/> | Lasers | yes <input type="checkbox"/> no <input type="checkbox"/> |
| Infectious agents | yes <input type="checkbox"/> no <input type="checkbox"/> | Lab animals* | yes <input type="checkbox"/> no <input type="checkbox"/> |

Other hazards _____

**(If the student will be using lab animals, contact Dept of Comparative Medicine at ext. 8465 for their requirements related to occupational health & safety.)*

Please describe any involvement the student might have with any of the above: *(Important note: If this is an observation/shadowing visit, no use of or contact with hazardous materials of any kind is permitted by the student and the student must be closely supervised at all times.)*

Please describe the student's past lab science courses, lab experience, etc.: _____

Department Approval (for internal use only)	
Sponsoring Faculty Member (P.I.) _____ Print Name	_____ Signature & Date
Dept Chair: _____ Signature	_____ Date Approved
Dept of Safety Approval: _____ Print Name	_____ Title
_____ Signature	_____ Date Approved

Penn State University/College of Medicine
Parental Consent Statement
(Only for students under the age of 18)

The undersigned parent/guardian of _____ understands, hereby consents and agrees as follows:

1. My child has been offered the opportunity to participate in an internship or work (either paid or unpaid) or observation/shadowing at the Penn State University/COM and is assigned to the following laboratory/department:

Name of Head of Laboratory/Head of Department: _____

Term of Internship/Observation: _____

I understand that laboratories are specialized environments involving the use of scientific instrumentation, chemicals and biological materials, which even under ideal laboratory conditions may involve greater risk if used improperly.

My child will be required to attend a laboratory safety instruction course and will be taught and supervised in the proper handling of such instrumentation and materials to minimize risk. **(Observation/shadowing students will not be permitted to work directly with hazardous materials and will be closely supervised to ensure that their activities do not include direct handling of hazardous materials.)**

Knowing the circumstances and risks described above, and in consideration of permission for my child to work or observe/shadow in the above-referenced laboratory, I agree, on behalf of myself and my family, to my child's working or observing/shadowing in the Penn State University/HMC/COM laboratory.

2. I grant my permission to Penn State University/HMC/COM, its physicians, members of its faculty, agents, servants and employees to provide such emergency care and treatments, as in their judgment may be deemed necessary or advisable in the event that my child should require emergency care while acting in the course of his/her work at the College of Medicine. I assume the cost of such emergency care and treatment, if any.
3. I accept responsibility for any treatment or care required by my child beyond the emergency status, and understand that I shall be liable for all costs and charges incurred on his or her behalf.

Date: _____

Witness: _____

Signed (parent/guardian): _____