

REQUEST FOR APPROVAL OF RESEARCH PROJECT INVOLVING MINOR PARTICIPANTS IN LABORATORIES

SECTION 1: CERTIFICATION AND APPROVAL PAGE

Saint Louis University Sponsoring Faculty Member/Researcher Acknowledgement of Policy on Minors in Laboratories and SLU COVID-19 Policies and Requirements:

I, _____, certify that I have read and
(Typed or printed name of sponsoring faculty member/researcher)

understand the *Saint Louis University Policy on Minors in Laboratories* and agree to fully comply with all of the requirements outlined. Furthermore, I will ensure that the minor(s) I am sponsoring will follow all applicable SLU policies and safety requirements**.

Sponsoring Faculty Member/Researcher: _____
(Signature*)

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

* **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, in order to expedite submission. A signed copy of this page must be submitted to Environmental Health and Safety by interoffice mail, fax or email (as PDF attachment) before final approval can be granted.

** *Sponsoring faculty members, minor participants and parents of minor participants must provide appropriate certifications as applicable elsewhere in FORM A or FORM B, including regarding the minor's adherence to safety requirements while on campus, to be enforced by the sponsoring faculty member.*

| Saint Louis University Environmental Health and Safety (EHS) Use Only | | | | |
|---|------------|---|--|------------|
| Area: | BSO | CHO | ARSO | DIR |
| Initials: | | | | |
| Review Date: | | | | |
| <u>APPROVAL</u> | | | | |
| Minors In Laboratories <u>Approved Project No.:</u> | | | | |
| Approved by: _____ (Signature) Printed Name: Mark G. Haenchen, M.S., J.D. Title: Executive Director, Environmental Health & Safety | | | Date of Approval: _____ (Mo/Day/Yr) | |
| Copies to (as checked): <input type="checkbox"/> <i>Sponsoring Faculty Member</i> <input type="checkbox"/> <i>Researcher's Department Chairperson</i> <input type="checkbox"/> <i>Department Business Manager</i> <input type="checkbox"/> <i>Dean</i> | | <input type="checkbox"/> <i>Vice President for Research</i> <input type="checkbox"/> <i>Associate Vice President for Research Integrity and Compliance</i> <input type="checkbox"/> <i>Building Manager – if applicable</i> <input type="checkbox"/> <i>Other:</i> _____ | | |

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MINOR PARTICIPANTS IN LABORATORIES**

INSTRUCTIONS TO SPONSORING FACULTY MEMBER/RESEARCHER

1. Complete all pages of this form, and execution of the Sponsoring Faculty Member/Researcher Acknowledgement on page one.
2. 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 Environmental Health and Safety, Caroline Building, Suite C305, **or**
 - (b) Email, with a PDF scan of the executed forms attached, to: minorsinlabs@slu.edu
3. If you have any questions about your request or need assistance completing the forms, please contact our office at minorsinlabs@slu.edu or Renee.Knoll@slu.edu, or call Renee Knoll at 314-210-3757 (cell phone).

SECTION 2: PROGRAM PARTICIPATION

A. Group Events Involving Minor Participants in Research Labs

- [1] **Special Tour** (*specify specific organization*): _____
- [2] **Scouts** (*specify specific organization*): _____

B. High School Students – On Campus Individualized Research Lab Experiences

- | | |
|--|--|
| <input type="checkbox"/> [A] UMSL's – STARS (Students and Teachers As Scientists) Program | <input type="checkbox"/> [F] High School Student Volunteering in Research Lab (no formal program affiliation) |
| <input type="checkbox"/> [B] St. Louis Science Center – YES (Youth Exploring Sciences) Program | <input type="checkbox"/> [G] Science Fair Project (<i>that is part of an official school program – must complete High School information below</i>) |
| <input type="checkbox"/> [C] St. Louis Zoo Active ALIVE (Leaders In Volunteer Education) Program | <input type="checkbox"/> [H] Area High School Research Project (<i>required for high school grade/credit – must complete High School information below</i>) |
| <input type="checkbox"/> [D] Rockwood School District Project Interface | <input type="checkbox"/> [I] Other: _____ |
| <input type="checkbox"/> [E] National Science Foundation (NSF) Program (specify): _____ | |

SECTION 3: HIGH SCHOOL INFORMATION (Required to be completed for [G] and [H] above.)

Name of Sponsoring School: _____

High School Official: _____
(Name) (Title)

(Signature) (Date)

Contact Information: _____
(Email) (Phone)

SECTION 4: APPLICANT INFORMATION

 (Sponsoring SLU Faculty Member/Researcher) _____ (Department)

Email: _____ Phone: _____

SECTION 5: LAB SUPERVISION of MINOR(S)

 (Other Designated Lab Supervisor of Minor(s) – If applicable) _____ (Department)

 (Other Designated Lab Supervisor of Minor(s) – If applicable) _____ (Department)

 (Other Designated Lab Supervisor of Minor(s) – If applicable) _____ (Department)

SECTION 6: LABORATORY LOCATIONS (Specify campus locations at which activities will take place.)

 (Building) _____ (Room Numbers)

 (Building) _____ (Room Numbers)

FIELD WORK: (Specify locations/addresses and/or description, if applicable, where field work will take place)

SECTION 7: DURATION OF MINOR’S PARTICIPATION

Start Date of Minor(s): _____ End Date of Minor(s): _____
 (Mo/Day/Yr) (Mo/Day/Yr)

Daily Start Time: _____ Daily End Time: _____

SECTION 8: PROJECT TITLE, DESCRIPTION of PROJECT, AND ROLE OF MINOR(S) in PROJECT**A. Project Title:****B. Description of Project:** See text box below. See additional page(s) attached.**C. Role of the Minor(s) in this Project:** See text box below. See additional page(s) attached.

- (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.

(3) 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)

C. Chemical Use? No

Yes; hazardous chemicals are used, see text box below. See additional page(s) attached.

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

SECTION 10: LIST MINOR PARTICIPANT(S)

| | Last Name | First Name | Age | Parent/Guardian Consent Attached |
|----|-----------|------------|-----|--|
| 1. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |