**Risk Communication**

**Laboratory Staff**: Review the IBC protocol and ask any questions that you may have. Once you fully understand the procedures and risks involved, read and sign the certification statement below.

**Protocol Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**By my dated signature below, I acknowledge that I understand the meaning of the information contained in the Institutional Biosafety Committee (IBC) protocol’s Risk Assessment Sections. I have had an opportunity to ask any questions that I may have, understand the potential biohazards and the precautions to be taken, have been informed of the reasons and provisions for any precautionary medical practices advised/requested, have been provided instruction and training in the practices and techniques required to ensure safety, and have been given a copy of the IBC protocol for my retention.**

**Printed Name Signature Date**

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