

## Lab-Specific Biosafety Training Form

	Research Loca on(s):			
Researcher Name:				
	Researcher Responsibili es	Ini		
1. I agree to read all the eIBC Protoco	ols on which I am listed as personnel. I will also review all updated			
	pecome available (e.g., amendments and renewals). I acknowledge			
that I can log into protocols at: ht	p://eibc.slu.edu			
2. I further agree to complete all train	ning required for handling biological agents.	•		
Laboratory Safety & Compliance	e Training			
Bloodborne Pathogen Training				
Shipper's Training				
BSL-3/Select Agent Training	!			
	the biological agent(s).			
O cer (314-977-6888)	lving biological agents to my supervisor and the Biological Safety			
	tamina on methods specified in the applicable eIBC Protocol(s).			
8. I had the opportunity to ask the na	amed PI ques ons and have received answers to all my ques ons.			
	is understood that the following general spill procedures are minin research facility in which a biological agent or toxin has been spilled e obs ng containers			

(Revision date: 2023-06-08)