

Minors Working in Medical Research – Minneapolis VA Health Care System

This clearance request must be completed for any minor working in Research Service at the Minneapolis VA Health Care System prior to the start of any work (paid or non-paid). Federal, state, and institutional policies do not allow minors to work in, with, or around chemicals, biological agents, radiation, equipment, or animals unless appropriate clearance is granted and health and safety concerns are addressed. No work will be approved that is not allowed under State or Federal regulations.

Principal Investigator (PI):	Email Address:	Phone:
Minor Name:		Birth Date:
Parent or Legal Guardian		Phone (emergency only)
Proposed Start Date:		End Date:
Minor will work in: (Check all that apply)		
<input type="checkbox"/> Human Subjects studies <input type="checkbox"/> BSL-1 Laboratory <input type="checkbox"/> BSL-2 Laboratory <input type="checkbox"/> Animal Laboratory		

Indicate all hazards to which minor will be exposed if participating in this research project:

A. Biological Hazards	<input type="checkbox"/> Yes <input type="checkbox"/> No
Microbiological or viral agents, pathogens, toxins, or select agents as defined in Title 42 Code of Federal Regulations If yes, specify:	
B. Human or Animal Cell/Tissue samples	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Cultures, tissues, blood, other bodily fluids, cell lines, etc.) If yes, specify:	
C. Recombinant DNA	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Deoxyribonucleic acid, including PCR and transgenic organisms) If yes, specify:	
D. Hazardous Chemicals	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify: <input type="checkbox"/> Toxic chemicals (including heavy metals) <input type="checkbox"/> Acetylcholinesterase inhibitors/neurotoxins <input type="checkbox"/> Flammable, explosive* or corrosive chemicals <input type="checkbox"/> Nanomaterials <input type="checkbox"/> Carcinogenic, mutagenic, teratogenic chemicals <input type="checkbox"/> Pharmaceuticals (in a non-clinical setting) <input type="checkbox"/> Toxic compressed gases *Work with explosives <u>will not</u> be allowed (29 CFR § 570.51)	
E. Controlled Substances	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify:	
F. Radiation	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify: Ionizing: <input type="checkbox"/> Radioactive materials* <input type="checkbox"/> Radiation-generating equipment* *Annual exposure cannot exceed 0.5 rem (29 CFR § 570.57)	
Non-ionizing: <input type="checkbox"/> Ultraviolet light <input type="checkbox"/> Lasers (class 3b or class 4) <input type="checkbox"/> Radiofrequency or microwave sources	
G. Physical Hazards	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify:	

The following signatures indicate acknowledgement of the information listed above and are required before minor begins work.

Investigator

Date

Parent or Legal Guardian

Date

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**A detailed description of work to be performed MUST be attached to this form and provided to parent/guardian
An authorization to provide medical care in case of emergency is required by VAHCS for all minors**

Minors Working in Medical Research – Minneapolis VA Health Care System Description of Proposed Work

Instructions to PI: In lay language, describe the proposed work to be conducted by the minor named on Page 1 of this form. For each potential hazard identified on Page 1 (A through G), provide a description of the hazard, including enough information of the nature and purpose of the potential dangers for the parent(s) or legal guardian(s) to make an informed decision on behalf of the minor. Attach additional pages if necessary.

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Approval to Conduct Work in Research Service**

I am requesting participation of a minor in my VA research project. I agree to act as the sponsoring PI for this individual as outlined in SOP Res Svc-R&D-013 “Policy for Minors in Research,” and understand that I will remain responsible for his/her conduct, supervision, and training. I assert that he/she will be under adult supervision when conducting work in secure areas, working with hazardous materials, or working in hazardous environments. I further agree that the minor will not be allowed to perform work for which he/she has not received training, work has not been approved by his/her parent or legal guardian, the R&D Committee, and the ACOS/R, or work that is not allowed for minors under State of Minnesota or Federal regulations.

	Protocol number:
Protocol Title:	

Signed:

_____ Date

Approval:

SRS Approved Disapproved

R&D Approved Disapproved

_____ Date

Chair, SRS

_____ Date

Chair, R&D Committee

ACOS Approved Disapproved

_____ Date

Associate Chief of Staff/Research