



**LABORATORY-SPECIFIC TRAINING VERIFICATION FOR COVID-19 RESEARCH:**

**I have reviewed the Biosafety Guidance for COVID-19 Research with my laboratory staff. I understand that I am responsible for providing laboratory-specific training to my staff. This includes training regarding their duties, the necessary precautions to prevent exposures, and exposure evaluation procedures.**

Principal Investigator's Name: \_\_\_\_\_  
(Print) (Signature)

**I have reviewed the Biosafety Guidance for COVID-19 Research with my Principal Investigator or laboratory supervisor and I have been provided with laboratory-specific training for the COVID-19 research I will be conducting. I understand the information contained in this guide, have had the opportunity to ask questions, and will follow these safe work practices and procedures when conducting COVID-19 research in the laboratory.**

Laboratory Personnel's Name: \_\_\_\_\_  
(Print) (Signature)

\_\_\_\_\_  
(Print) (Signature)

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(Print) (Signature)

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(Print) (Signature)

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