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| *This LRC Form (LRCF) must be completed, signed, and submitted by R&I, GS, and PGS before starting lab activities.* | | | | |
| Student ID (or Labs Personnel ID): | | | Lab Work Start Semester: *(specify the academic year)*  🞎 Fall  🞎 Spring | |
| Student Name (or Labs Personnel Name): | | | Cell Phone: | |
| Supervisor (s) Name (s): *(if any)* | | | | |
| Project Title (MT, FYP, PhD, R&D-R&I): | | | | |
| School / Faculty Affiliation: | | | Department: | |
| 🞎 MT  🞎 FYP | 🞎 PhD  🞎 R&D-R&I\* | | \* *R&D-R&I Ecosystem reference:*  🞎 *USEK ACIE*  🞎 *Other: (specify the ecosystem)*  🞎 *Time frame: (specify the start-end work dates)* | |
| **By submitting the LRC Form, you make the following declaration as required:** | | | | |
| In order to remain in compliance with the University’s Laboratories General Guidelines on the lab scholarly activities, I hereby acknowledge and agree to the following:   * *Lab activities are limited to the aforementioned project.* * *I have carefully read the USEK Labs general Guidelines, and I agree to comply with all applicable USEK Labs Guidelines for R&I, GS and PGS, including, but not limited to, labs standards and good practices, in addition to USEK IP policy, codes of ethics and conduct (Academic Rules and Student life), when present on the USEK campuses or outside university grounds as well as using USEK lab facilities or resources.* * *I agree to use the university labs resources for their intended purposes, upholding their maintenance with all due diligence and consideration.* * *I acknowledge that I have been informed of the nature of the assigned lab activities, procedures, and regulations. I also acknowledge that I am aware of the hazards and risks that may be associated with my participation in the lab activities, including the risks of damage to property or audio-visual equipment, which may occur from known or unknown causes related to the assigned labs performance and projects.* * *I affirm that any labs equipment borrowed will be returned on the agreed-upon date detailed in the Lab Reservation Form, in the same condition as it was received.* * *I confirm that in the case of any damage, theft, or loss of any equipment, I must report it immediately by filling out the appropriate LAIR form.* * *I agree to fill in the HCR Consent Certificate and complete the training required by the HCR for all personnel who conduct research or training activities with vertebrate animals and human subjects. Such training shall be satisfactorily completed prior to my participation in such lab activities.* * *I understand and agree to hold the research data and findings in trust for the University. When required by law, regulation or contract, or to fulfill other obligations, and in the absence of any specific agreement related to the research subject matter, the transfer title or custody of research data, findings, and records shall be conducted at the discretion of the University, in accordance with the USEK IP ownership policy.* * *I agree that I will use reasonable care to hold in confidence and not disclose, transfer, use, copy, or allow access to any proprietary information unless specifically authorized in writing to do so by competent authority or duly authorized representative. I may not disclose any of lab activities records to anyone who is not involved.* * *I understand and agree that I may be immediately withdrawn from the lab activities based upon my failure to comply with the USEK Labs standards, guidelines, rules, and policies.*   I have read carefully, or have had read to me, the above statements, and understand them as they apply to me. | | | | |
| **Student’s Signature :** | | | **Date :** | |