

**SCOPE OF WORK
FOR
ANIMAL AND LABORATORY RESEARCH**

Name: _____

Position Title: Research _____

Degree specialty: _____

Degree type: ☐ MD ☐ DO ☐ DDS ☐ NP/CNS
 ☐ BS ☐ MS ☐ PhD ☐ None
 ☐ Other _____

License: ☐ MD ☐ DO ☐ DDS ☐ NP/CNS ☐ PA
 ☐ RN ☐ None ☐ Other _____

State: _____ Expiration: _____ Vet Pro/MSO Boarding Date: _____

Classification: (Check as applicable)

- ☐ Perform administrative or data collection work
- ☐ Work in research laboratory
- ☐ Work with chemicals
- ☐ Work with radiation or radioactive substances
- ☐ Work with biohazards
- ☐ Work with Other hazards
- ☐ Work with animals

- ☐ Special husbandry or care procedures
- ☐ Administration of anesthesia or analgesia
- ☐ Administration of experimental test substances
- ☐ Euthanasia
- ☐ Specimen collection before Euthanasia
- ☐ Specimen collection or tissue harvest after euthanasia
- ☐ Survival surgery
- ☐ Behavioral Testing
- ☐ Ship biological materials (Provide date for completion of International Air Transport Association (IATA) on line training <http://www.mayomedicallaboratories.com/education/online/dangerousgoods/index.html> here _____ and certify that a copy of the certificate has been received by Research Service AO by initialing here _____).

- ☐ Interact directly with human subjects or their identifiable information or

identifiable specimens (Must also complete a Human Subject Research Scope of Practice.

Location: (where work will be conducted, include room number): _____

Duties: (describe general and specific duties not listed above): _____

Unlicensed professional(s), i.e., physician, nurse, pharmacist, psychologist, etc. will not perform any duties or procedures that may be considered the practice of medicine on human subjects.

This Scope of Work for _____ was reviewed and discussed. After reviewing his/her education, competency, qualifications, research practice involving duties checked above, and individual skills, I certify that he/she possesses the skills to safely perform the aforementioned duties/procedures. Both the Research Laboratory Staff Member and I are familiar with all duties/procedures granted or not granted in this Scope of Work. We agree to

abide by the parameters of this Scope of Work, and all-applicable research and hospital policies and regulations.

This Scope of Work will be reviewed during annual continuing review of project and amended as necessary to reflect changes in Research Laboratory Staff Member's responsibilities, utilization guidelines, and/or hospital policies.

By signing below you acknowledge your understanding and agreement with the above scope of work.

Scientist/Research Assistant

DATE: _____

Principal Investigator

DATE: _____

APPROVED/DISAPPROVED

Jacqueline Pugh, MD
ACOS for Research & Dev. Service

DATE: _____