



Lab Supervisor Acknowledgement Form Program Expectations, Goals and Milestones

I. Define Project, Project Objectives, and Hours of Commitment:

- A. Has the student applied for other funding, or will receive funding, from another source for the proposed project this semester? Yes No Pending
- B. If *yes* or *pending*, which program or grant? (NOTE: Please exclude scholarships)

II. Does the research require IRB or IACUC approval? Discuss with your lab mentor if unsure. If none, please leave blank. If the research requires IRB or IACUC approval, please attach appropriate approval letter to LSA Form.

III. Ensure student completes the required NIH, Institutional Lab Safety training, and CITI training and submit these certifications to inbre@hawaii.edu. In addition, if a lab has safety training specific to their designated lab, please list the trainings below:

IV. Mentor student in the following areas (A through D)

The following are discussion topics upon which students will be evaluation at the end of the semester. Please provide discussion topic and meeting date(s):

Meeting # 1 (Initial): _____

Meeting #2 (Midpoint): _____

Meeting #3 (End): _____

A. UNDERSTAND INBRE PROGRAM

Review INBRE website and available resources on Student Research Experience page (<http://inbre.jabsom.hawaii.edu/>)

B. UNDERSTAND THE RESEARCH PROCESS

- Evaluate scientific literature
- Formulate research questions
- Develop and design experiments
- Collect and interpret data
- Keep a detailed lab notebook

C. LAB RESEARCH SKILLS **For in-lab experience only*

- Prepare Lab book and keep updated

- Lab chore assignments
- Execute required laboratory techniques
- Discuss various experimental approaches
- Select an appropriate experimental approach
- Solve problems that may occur in the lab or research environment

D. COMMUNICATE SCIENTIFICALLY

- Present oral reports to the lab/research team
- Prepare and present written reports
- Prepare and present PowerPoint presentations
- Progress Reports (polish data, graphs, tables, illustrations – future poster material and publication)
- Prepare and present a scientific poster

- V. **Lab Supplies: All lab supplies must be ordered within the semester awarded.**
- VI. **Prepare student to submit a poster and attend the INBRE Annual Program Meeting in conjunction with the JABSOM Annual Biomedical & Health Disparities Research Symposium [Mandatory for INBRE Associates & Scholars]**
- VII. **Encourage students to participate in local and national conferences [Highly recommended]**
- VIII. **Meet with student to finalize the Individual Development Plan (IDP) within 60 days**
- IX. **Prepare student to submit a short Scientific-Reflection paper at the end of each semester**
- X. **Participate in the Lab Supervisor/Mentor evaluation surveys at the end of each semester**
- XI. **Have reviewed and acknowledge INBRE’s standard Media Release Form [attached below]**
- XII. **Scientific Publication(s) and Poster(s):** Include the student’s name and INBRE Acknowledgement Statement (noted below) in the publication of the research project:

INBRE Acknowledgement Statement: 'This project was supported by grants from the National Institutes of Health (NIH), National Institute of General Medical Sciences (NIGMS), IDeA Networks of Biomedical Research Excellence (INBRE), Award number: P20GM103466. The content is solely the responsibility of the authors and do not necessarily represent the official views of the National Institutes of Health.'

I acknowledge and accept the above noted requirements for this program.

_____ PI/Lab Supervisor (Print Name)	_____ PI/Lab Supervisor (Signature)	_____ Date
_____ INBRE Student Name (Print)	_____ INBRE Student (Signature)	_____ Date

****Note to Student: This LSA form must be uploaded to your INBRE SRE Application. Additionally, LSA forms for prior semesters will not be accepted. The LSA form must be completed and submitted each participating semester****

SRE LAB SAFETY CHECKLIST

- Lab has daily screening protocol for COVID19 in place
- Lab requires all personnel to wash hands upon lab entry and departure
- Lab has a sign in/out system for all personnel
- Discussed physical distancing in the workplace with all personnel
- Identified maximum personnel for the workspace according to optimal density
- Have a written plan for shared labs, support shops, and other core work areas that require coordination from multiple groups
- Identified team leader to help maintain open communication about work expectations and any concerns regarding health and safety
- Provide Personal Protective Equipment (PPE) for all personnel
- Provide disinfection products and written protocols for the safe disposal process
- If any personnel in your lab tests positive for COVID-19, report it to the Campus Coordinator and INBRE (inbre@hawaii.edu) immediately
- Upload your Lab Safety Plan with your application. The Plan should include detailed procedures of how you will handle a positive COVID case reported in your lab. This procedure should be in accordance with your institutional policies



Model Authorization, Consent and Release Form for Photo, Video, and Sound Recordings

As a participant with the INBRE Program of the University of Hawai‘i and its John A. Burns School of Medicine, I authorize the University of Hawai‘i and its officers, agents, employees, successors, licensees, and assigns to take and use photographs, video, and sound recordings of and/or live stream my image, likeness, appearance, voice, and name (collectively, the “Recordings”): (a) for any legitimate purpose, including any educational, institutional, scientific, fundraising, or informational purposes whatsoever, (b) in perpetuity, (c) on a worldwide basis, (d) without compensation to me, (e) in any manner or media, including use on social media sites and web pages accessible to the general public, and (f) alone or in combination with other Recordings. I waive any right to inspect or approve the finished product or material in which the University of Hawai‘i and/or its INBRE Program may eventually use the Recordings. This authorization shall be binding upon my heirs, successors, assigns, and legal representatives.

I understand that Recordings may be taken or obtained in a variety of situations in which I am involved or participating, including but not limited to INBRE Program activities and events (including those open to the public), instances of laboratory training on or off the premises of the University of Hawai‘i and at the INBRE Program’s affiliated institutions, which include but are not limited to the University of Honolulu Chaminade and Hawai‘i Pacific University (“Affiliated Institutions”).

All right, title, and interest in the Recordings belong solely to the University of Hawai‘i. I understand that the University of Hawai‘i and its INBRE Program may attract media coverage or be recorded, in whole or in part, for rebroadcast or retransmission, and I consent to my inclusion in such media coverage, which may appear in print media, live or replay telecast or broadcast, podcast, and/or through social media and internet postings.

I hereby hold harmless and release the University of Hawai‘i (including its John A. Burns School of Medicine and its INBRE Program) and any Affiliated Institutions (as applicable) from all claims, demands, and causes of action that I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

FERPA Consent: If I am a student, I acknowledge and understand that the Recordings in some circumstances may be confidential under the Family Educational Rights and Privacy Act (“FERPA”) (20 U.S.C. § 1232g; 34 C.F.R. part 99). I hereby agree to allow the University of Hawai‘i to use, publicize, or disclose the Recordings for the purposes described above. Also, as described above, I understand that the Recordings may be released and viewed by students, faculty or the public, including but not limited to for promotional purposes. I understand that my authorization and/or consent is voluntary and is not a condition or requirement of my participation in the INBRE Program.

I understand that my consent may be withdrawn at any time by delivering a written, signed and dated withdrawal request to the INBRE Program (inbre@hawaii.edu).