

Mount Holyoke College

**LABORATORY USE OF BLOOD OR BODY TISSUE
STATEMENT OF UNDERSTANDING AND AGREEMENT**

Date: _____

Course: _____

Laboratory
Title/Description: _____

I understand that only I or a trained faculty or staff member can handle my blood or tissue and agree to follow the procedures described in the MHC policy entitled Bloodborne Pathogen Control in the Laboratory (Chapter VI(b) of the Safety Handbook).

Student Signature

Faculty Signature

Send completed form to the Director of Environmental Health and Safety, Office of Environmental Health and Safety, 8 Park Street.