

Research & Development Service

Data Sheet

October 2009

Name _____ Degree _____ DOB _____ SSN _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Pager/cell _____ email _____

Citizen? yes No (check below and provide a readable photocopy of your current visa)
 Perm Res H1 J1 Other(specify) _____
 Visa Number: _____
 Expiration Date _____ Date of Entry _____
 Citizen of(country) _____ Born in(country) _____

Employer VA UW SIBCR FHCRC Otherspecify _____

Initial Appointment Dates From _____ To _____

VA PI Name _____

Workplace Bldg _____ Rm _____ Phone Ext. _____ VA Pager _____

Your Position Title will be _____

Work Schedule Full Time Part Time Normal Hours _____

- Work Involves:
- Working with Human Subjects
 - Credentials (primary source verification form)
 - CITI (HS+GCP)
 - Information Security 201 for R&D Personnel
 - Scope of work statement
 - License verification (if applicable)
 - Working with Laboratory Animals
 - Occupational Health Screening (via Employee Health)
 - web site training "Working with the VA IACUC" www.researchtraining.org
 - ARF orientation
 - Respiratory Protection Program (RPP)
 - Biohazards/Infectious Agents (includes handling blood/body fluids)
 - Biosafety Officer orientation
 - Bloodborne pathogens video/weblink
 - Radioisotopes
 - Radiation Safety Officer Orientation
 - Radiation Safety Training Course (offered at UW)
 - Laboratory environment
 - R&D Laboratory Safety and BioSecurity Orientation (Including Video)
 - Laser Safety (Confocal Scope Facility)
 - Shipping hazardous materials.
 - R&D IATA Training/Orientation

- DHHS Check
- FDA Check
- Rules of Behavior

- Will Require:
- Keys to Research areas
 - Security electronic access card to Research areas
 - Labcoats or other VA uniform/laundry
 - VA LAN/VISTA Access
 - VA Long Distance PIN #
 - VA Initial Competency Assessments
 - Scope of Work
 - VETPRO
 - Intellectual Agreement (IP) (WoCs only)
 - Functional Categories Assignment Form

Emergency Contact:
 Name _____ Relationship _____
 Day Location _____
 Day Phone _____ Other Phone _____
 Any medical conditions we should be aware of? (optional) _____