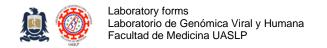


Consent to Adhere to Regulations (CAR)

of the Viral & Human Genomics Laboratory BSL-3 Facility, San Luis Potosí State University's (UASLP) Faculty of Medicine (14/June/2024, version 9.0)

I, (P	articipant's name) , assigned to the Vi	ral &
Human Genomics BSL-3 Laborato	ry of the Faculty of Medic	cine of the Autonomous Universi	ty of
San Luis Potosí as (Position	n held) as of the fo	llowing date (dd/mmm/yyyy)
certify that I have read and u	nderstood the "Regula	tions and Manual of the I	High
Biocontainment BSL-3 Facility o	f the Viral and Human (3enomics Laboratory " and tha	t the
questions that have arisen have be	en explained to me by the	e person in charge of the labora	tory.
to my entire satisfaction.			
3		adhere to the guidelines	
recommendations set forth in this		<u> </u>	
required for the use of personal		-	агету
procedures corresponding to the ac	silvilles that i must carry t	out as part of the laboratory.	
I acknowledge that the risl	ks involved in working i	n the BSL-3 laboratory have t	oeen
explained to me, including possible	-	-	
substances. human and animal vira		,,	
	1 0		
I accept the responsibility o	f promptly notifying accid	lents, incidents, spills or any lac	ck of
compliance with the regulations that	t I incur or that any of my	co-workers might incur.	
9		uation as well as periodic follo	•
medical evaluations, the frequency		_	
epidemiological indications, and I a	gree to agnere to the med	dical indications requested of me	€.
Lundarstand that those more	dical avaluations are into	nded to document my health st	tatus
before engaging in activities that co			
job segregation. I understand that t			
parties without my prior authorization		and the first see allocated a than	
,			
I authorize the collection of	a baseline serum sample	(50 mL peripheral blood sample	e) in
order to assist in the evaluation a	and treatment of possible	occupational exposures to hu	man
pathogens or laboratory-acquired d	iseases (LAIs).		
			,
I understand that said bas	seline serum sample an	d my associated personal me	dıcal

information will not be used or transferred to another institution, pharmaceutical company or





health insurance company or used for purposes other than the investigation of laboratory acquired infections (LAIs) that I authorize in a future.

I understand that the peripheral vein puncture blood collection procedure is of minimal risk to me and may cause minor bleeding or bruising. I understand that this procedure is identical to that used in routine clinical tests and will be at no cost to me.

I confirm that I wish to voluntarily donate this sample, without pressure and without receiving money or goods in return. It has been explained to me that I can choose not to participate without detracting from my access to government support, medical care and/or social programs, but restricting my activities within the Viral and Human Genomics Laboratory.

Likewise, I state that my questions have been answered to my full understanding and satisfaction.

Signature Name Dr. Christian A. García Sepúlveda ID number Signature Signature Signature Signature Signature	Researcher
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Signature Signature	S
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Name Name ID number	∧ Þ
ID number ID number	Second Witness
Relationship Relationship	