



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, (Participant's name) , assigned to the Viral & Human Genomics BSL-3 Laboratory of the Faculty of Medicine of the Autonomous University of San Luis Potosí as (Position held) as of the following date (dd/mmm/yyyy) certify that I have read and understood the **“Regulations and Manual of the High Biocontainment BSL-3 Facility of the Viral and Human Genomics Laboratory”** and that the questions that have arisen have been explained to me by the person in charge of the laboratory. to my entire satisfaction.

I acknowledge willingness and commitment to adhere to the guidelines and recommendations set forth in this manual, as well as to receive the training and certifications required for the use of personal protective equipment, laboratory instruments and biosafety procedures corresponding to the activities that I must carry out as part of the laboratory.

I acknowledge that the risks involved in working in the BSL-3 laboratory have been explained to me, including possible exposure to flammable, toxic, mutagens, carcinogens and substances. human and animal viral pathogens.

I accept the responsibility of promptly notifying accidents, incidents, spills or any lack of compliance with the regulations that I incur or that any of my co-workers might incur.

I agree to undergo an initial detailed medical evaluation as well as periodic follow-up medical evaluations, the frequency of which will be informed to me according to current health or epidemiological indications, and I agree to adhere to the medical indications requested of me.

I understand that these medical evaluations are intended to document my health status before engaging in activities that could be risky and that these medical evaluations do not imply job segregation. I understand that the results of these evaluations will not be discussed with third parties without my prior authorization.

I authorize the collection of a baseline serum sample (50 mL peripheral blood sample) in order to assist in the evaluation and treatment of possible occupational exposures to human pathogens or laboratory-acquired diseases (LAIs).

I understand that said baseline serum sample and my associated personal medical 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.

Participant	Signature	Signature	Researcher
	Name	Dr. Christian A. García Sepúlveda	
	ID number	IDMEX2181814511	

First Witness	Signature	Signature	Second Witness
	Name	Name	
	ID number	ID number	
	Relationship	Relationship	

(dd/mm/yyyy)