

## LAWSON COMPLIANCE WAIVER

Registration for Western paid employees, graduate students, undergraduate students, work study or high school students working at Lawson on SJHC/LHSC campuses

We have established a registration process to ensure that Lawson is aware that these individuals are on site and that they have completed all of the required training. Our goal is to provide everyone with the knowledge to make them aware of how to work safely in research.

Return the complete document to [hien.nguyen@lawsonresearch.com](mailto:hien.nguyen@lawsonresearch.com)

### Student/Personnel Information

Name: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Email: \_\_\_\_\_  
Position: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Emergency Contact Number: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_

### MY SIGNATURE ON THIS COMPLIANCE WAIVER INDICATES:

*I have completed all training under the **Clinical Research** section which includes (please tick boxes):*

- Standard Operating Procedures for Clinical Research (SOPs)

*Please send me the certificate*

- TCPS2 (Tri-Council Policy Statement 2) - Please create your own account and login, and your affiliation should be with Lawson Health Research Institute

*Please send me the certificate*

*I have read, understood, and agree to the following under the **Documents** section (please tick boxes):*

- Young Workers Fact Sheet (if 25 years of age or under)
- Young workers Safety Tips (if 25 years of age or under)

*I have sent the following items to [hien.nguyen@lawsonresearch.com](mailto:hien.nguyen@lawsonresearch.com):*

- The certificate for Standard Operating Procedures for Clinical Research
- The certificate for TCPS2 (Tri-Council Policy Statement 2)

**SIGN-OFF (PLEASE TICK BOX):**

- I have read, understood all required documents and completed all training that is required of me as outlined in this training package

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**Personnel Signature**

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**Date**