

Laboratory Research Restart Application Update

This form is to revise a previously signed, approved Research Restart Application when you wish to make personnel and associated scheduling changes.

1. PI Name

2. Email Address

3. Department

4. Research Personnel Being Added: List name and status (faculty, staff, student, GA, Student Assistant, Volunteer) of all personnel who will **begin** work in your lab and are to be added to the authorized personnel list.

Name (Last, First)	Status/Role

** Please use the additional sheet provided in this document for additional rows*

5. Research Personnel Being Removed: List name and status (faculty, staff, student, GA, Student Assistant, Volunteer) of personnel who have **completed** work in your lab and are to be removed from the authorized personnel list.

Name (Last, First)	Status/Role

** Please use the additional sheet provided in this document for additional rows*

6. Research Spaces and Scope of Work: List any **new** rooms where research activities will be conducted for any amount of time, including common-use instruments and equipment such as autoclaves, microscopes, centrifuges, analytical balances, etc.

Space (building/room number)	Activities to be performed	Frequency & Duration of activities

** Please use the additional sheet provided in this document for additional rows*

7. Verification of Compliance

Committee Approvals/Proposals	Status		
Animal Subjects		Date:	Protocol#
Human Subjects		Date:	Protocol#

8. Scheduling: Describe a schedule or plan to ensure research space occupancy complies with the existing research phase. Include in your written description, your planned use of common-use instruments and equipment.

9. Requirement for Department/College support: List and describe any **change** in department, college or university support needed for your research effort.

10. Other changes: List and describe any other necessary changes to your approved Research Restart plan.

I guarantee I will ensure implementation of infection control practices and make all reasonable efforts to limit virus transmission. My signature below confirms that all listed research personnel will complete all necessary training and approvals before beginning work in the laboratory and/or field.

Signatures

Principal Investigator

Chair

College Dean

CSUF Infectious Disease Working Group

Date

