

or varies ☐

<i>Check the appropriate category for the non-compensated appointment:</i>								
<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	<input type="checkbox"/> F	<input type="checkbox"/> G	<input type="checkbox"/> H	<input type="checkbox"/> I
ITEM	CATEGORIES	DESCRIPTION	EXAMPLES					
A	Research Scholar	An <b>undergraduate or graduate student</b> , postgraduate physician or Fellow, who is <b>receiving training or related activities at The Lundquist Institute</b>	An advanced degree candidate working on his/her studies/thesis under the tutorage of a Principal Investigator at The Lundquist Institute.					
B	Specialist	An outside, independent, and non-compensated expert who intermittently shares their knowledge on a formal basis with Fellows, staff, or other personnel designated by The Lundquist Institute.	A subject matter expert or external consultant collaborating on a Lundquist Institute research project					
C	Resident Investigator	An investigator with an advanced degree employed by LA County or UCLA who is based at the Harbor-UCLA Medical Center campus and has an academic appointment, and is conducting research on behalf of The Lundquist Institute using Lundquist Institute facilities.	A Los Angeles County employee at the Harbor-UCLA Medical Center (HUMC) who is an investigator on an Lundquist Institute grant, but who is not an Lundquist Institute employee.					
D	Visiting Investigator	An investigator with an advanced degree and who has an academic appointment, who is neither paid by LA County nor UCLA but is conducting research on behalf of The Lundquist Institute using Lundquist Institute facilities.	An investigator on an Lundquist Institute grant doing research at Lundquist Institute, who is not an employee of LA County, UCLA, or The Lundquist Institute.					
E	Industry Researcher	An individual whose employer has entered into a contractual arrangement with The Lundquist Institute to utilize Lundquist Institute facilities and/or collaborate with Lundquist Institute researchers.	An outside collaborator working with Lundquist Institute personnel on a project/research for a common goal					
F	Student Intern	An Individual donating their time as part of a formal work/study program with high school, college or other academic organization.	A student assigned as part of an academic program requirement or training					
G	Research Assistant	An individual who <b>does not qualify under categories A-F above</b> , who donates their time to The Lundquist Institute for charitable purposes, in order to further the <b>research activities</b> of The Lundquist Institute investigators.	A non-compensated individual providing assistance in the laboratory or research endeavor.					
H	Administrative Aide	An individual who donates their time to The Lundquist Institute for charitable purposes and <b>primarily participates in administrative support activities</b> on behalf of The Lundquist Institute.	A non-compensated individual providing clerical and administrative assistance.					
I	Research Associate	An individual with an advance degree, who does not have an academic appointment and is conducting research on behalf of a Lundquist Institute investigator	A non-compensated individual conducting research under the auspices of a Lundquist Institute investigator					

### *Health & Exposure*

<i>Check 'Yes' or 'No' for the following statements:</i>	Yes	No
1. Assignment requires regularly work within the walls of the hospital or other LA County operated health facility?	<input type="checkbox"/>	<input type="checkbox"/>
2. Assignment requires direct contact with LA County patients?	<input type="checkbox"/>	<input type="checkbox"/>
3. This assignment entails exposure from work activity or working conditions that is reasonably anticipated to create an elevated risk of contracting a disease or pathogen transmissible via droplet or aerosol , if protective measures are not in place. "Elevated" means higher than what is considered ordinary for appointee's having direct contact with the general public outside of hospitals, clinics or medical offices. Appointee's activities that involve having contact with, or being within exposure range of cases or suspected cases of aerosol transmissible diseases are always considered to cause occupational exposure.	<input type="checkbox"/>	<input type="checkbox"/>
4. Assignment will have exposure to human blood and/or body fluids?	<input type="checkbox"/>	<input type="checkbox"/>

**RISK ASSESSMENT FOR HAZARDOUS AGENTS***Check boxes if statement is applicable to Appointee's assignment:***YES****NO**

1. Infectious Agents/DNA Technologies	<input type="checkbox"/>	<input type="checkbox"/>
2. Chemical Carcinogens	<input type="checkbox"/>	<input type="checkbox"/>
3. Known Reproductive Hazards	<input type="checkbox"/>	<input type="checkbox"/>
4. Radiation	<input type="checkbox"/>	<input type="checkbox"/>
5. Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

**LABORATORY ANIMAL USE***Check boxes if statement is applicable to Appointee's assignment:*

☐ **Appointee will NOT be doing research on animals or otherwise working with animals or where animals are housed.**  
(If box is checked, you do not need to complete the remaining questions – just sign bottom of form)

- ☐ **Appointee will not be handling animals but will work in areas where animals are housed.**  
☐ **Appointee will be working in animal biohazard areas.**  
☐ **Appointee will be involved with veterinary care or animal husbandry.**

**ANIMAL/TISSUE/BODY FLUIDS USED OR HANDLED***Check all boxes applicable to Appointee's assignment:*

- |                                   |                                      |                                       |
|-----------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Mice     | <input type="checkbox"/> Rats        | <input type="checkbox"/> Rabbits      |
| <input type="checkbox"/> Hamsters | <input type="checkbox"/> Guinea Pigs | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dogs     | <input type="checkbox"/> Pigs        | (Please describe)                     |
| <input type="checkbox"/> Chickens | <input type="checkbox"/> Goats       |                                       |
| <input type="checkbox"/> Sheep    | <input type="checkbox"/> Cows        |                                       |

**Appointee Sponsor/Hiring Supervisor Information and Approval:**

Dept. Name # \_\_\_\_\_ Building &amp; Room # \_\_\_\_\_.

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_.

Appointee Sponsor/Immediate Supervisor Name *[please print]* \_\_\_\_\_ Date \_\_\_\_\_

Appointee Sponsor/Immediate Supervisor Signature: \_\_\_\_\_

**Return this signed form to Human Resources, MRL Building for analysis of health and background screening, and safety requirements. No Appointee is authorized to begin an assignment until provided with clearance from HR.**