

Information sheet

1) Information:

Name (BLOCK LETTERS):			
Matriculation Number:			
Address:			
Telephone number:			
Status:	<input type="checkbox"/> Bachelor thesis	<input type="checkbox"/> Master thesis	
	<input type="checkbox"/> Dissertation	<input type="checkbox"/> Post Doc	
	<input type="checkbox"/> Project staff	<input type="checkbox"/> Staff section	
Departement / Section			
Advisor:			
Project name:			
Project description:			
Period:			
Needed resources:			

Erstellung:	QM-Vermerk:	Freigabe:	Ausgabe:	15	14	13
A. Andreatta		A. Andreatta	Datum:	22.04.2026	26.11.2025	06.11.2023

3) Access regulations

- Access to the laboratory outside normal operating hours (normal operating hours are defined as those times when the laboratory management or laboratory assistant(s) are present) and on Saturdays, Sundays, and public holidays is not necessary,
- Access to the laboratory outside normal operating hours (see above) and on Saturdays, Sundays, and public holidays is necessary – the relevant regulations in accordance with the document “General Safety Instructions for Laboratories” must be observed,
- A laboratory chip with the number. was issued at the office,
- No lab chip was issued,
- There is a chip with the number.....present.

4) Applicant's declaration

By signing this document, I confirm that

- I acknowledge and will comply with the regulations set out in the information sheet,
- I have read and understood the contents of the “General Laboratory Safety Instructions” and will comply with all the regulations set out therein,
- I will always carry my ID card issued to me in the TVFA laboratory and will return it at the end of my work,
- I undertake to carry out special training for the machines and equipment to be used (see Chapter 2 in this document),
- I am aware that a gross violation of the regulations may result in expulsion from the laboratory. The decision on this is at the discretion of the laboratory manager.
- Please note that the follow-up training held annually in February is mandatory. Two dates are offered for this purpose. Participation is required regardless of when the initial training was completed – even if it took place in December of the previous year or in January of the current year, the follow-up training must still be attended.

Date: _____

Signature: _____

(applicant)

5) Access authorization

It is hereby confirmed that the applicant has successfully passed the knowledge test on “General Laboratory Safety Training.”

Date: _____

Signature: _____

(Head of Laboratory)