

Genetically Engineered Models (GEM) Core
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PLEASE FOLLOW THESE STEPS TO GAIN BADGE ACCESS TO THE GEM CORE

Rev. 1.28.22

STEP 1

Complete the **“User Contact Information” & “Emergency Contact Information”** in **Section I** of the **“ID Badge Registration Form – GEM Core”** (page two of this document). *The Billing Info Section can remain blank at this point.*

STEP 2

Return the completed form to the Core Director by emailing gem@wi.mit.edu.

The Core Director will contact Human Resources to find out when you can attend the next Safety orientation session. Human Resources will then contact you with that info directly. In addition to Safety Orientation, external users may need to attend an IT orientation.

STEP 3

Bring the **“ID Badge Registration Form – GEM Core”** to your safety orientation and collect EH&S staff signature on the form. *This step is not required if training is done remotely during the Covid pandemic.*

STEP 4

Email the completed ID badge registration form and confidentiality agreement (page 4) to Human Resources: humanresources@wi.mit.edu. You will be given further instructions regarding badge pick up.

ID BADGE REGISTRATION FORM – GEM CORE

Rev 2.5.18

SECTION I.

USER CONTACT INFORMATION (PLEASE PRINT)

User's Full Name:

Email:

Check one: Academia Industry

Cell #:

Lab/Employer Name:

Work #:

BILLING

(PRINCIPAL INVESTIGATOR SIGNS BELOW TO ACCEPT CHARGES)

PI Name (print):

PO Number (non WIBR only):

PI Signature:

Date:

EMERGENCY CONTACT

(ONLY REQUIRED FOR NON-WIBR USERS)

Contact 1:

First & Last Name

Relationship:

Home/Work #:

Cell #:

Contact 2:

First & Last Name

Relationship:

Home/Work #:

Cell #:

SECTION II.

EH&S SAFETY APPROVAL & ORIENTATION (TO BE COMPLETED BY EH&S STAFF)

Safety Orientation Completed by:

EH&S Staff (print name):

Date completed:

Signature:

Blood-borne Pathogens Training Completed/Updated by (if applicable):

EH&S Staff (print name):

Date completed:

Signature:

GEM APPROVAL & ORIENTATION (TO BE COMPLETED BY GEM STAFF)

My signature below verifies that _____ has permission for ID badge access to the GEM Core Facility as indicated below. The user has completed Core-specific safety training.

Approved Access for:

Building Entrance, 455 Main Street

- M-F, 8:30a – 5p **OR**
- 24 hours/7 days/week

GEM Core Facility

- Room # **261**

GEM Facility Staff (print name): Stella Markoulaki

Date:

Signature:

USER ACKNOWLEDGEMENT

My signature below verifies that I have received both general, and core-specific safety training, including relevant policies and that I agree to abide by these policies.

Name (print):

Date:

Signature:

ID BADGE ACTIVATION (TO BE COMPLETED BY HUMAN RESOURCES)

Activated by:

Name (print):

Badge #:

Signature:

Activation Date:

Expiration Date:

Whitehead Institute for Biomedical Research Confidentiality and Non-Disclosure Agreement

In the performance of your duties at Whitehead Institute for Biomedical Research (Institute) you may have access to confidential or proprietary information such as personal information about Institute personnel and other information regarding the Institute's finances as well as its scientific and business activities.

You are charged with the responsibility of accessing only the information you need to perform your job and of safeguarding and maintaining the confidentiality of any and all confidential and proprietary information you may have access to.

Safeguarding includes but is not limited to:

- Protecting information from unauthorized access;
- Not removing information from the Institute other than for temporary periods as may be necessary to perform your job; and,
- Ensuring that electronic transmission of information, including email, is provided a reasonable level of security during transmission.

Maintaining the confidentiality of that information includes but is not limited to:

- Holding in confidence and keeping confidential all personal and confidential information; and,
- Not disclosing information to anyone other than Institute personnel or outside parties authorized to process or otherwise have access to confidential information on behalf of the Institute.

These limitations are established to protect our employees, affiliates working at the Institute and the Institute from unauthorized access to confidential, secured private or proprietary information.

I, the undersigned, hereby acknowledge that I have read and understand my responsibility to safeguard the data described above and to maintain the confidentiality of the data. I will safeguard data from unauthorized access or removal from the Institute, except for such temporary removal as may be necessary to perform my job. I will maintain the confidentiality of that data by not disclosing it to anyone other than Institute personnel or third parties with a need to know. I will not use or misuse any such data for personal benefit.

I understand that this agreement applies to periods covered during and after my employment/relationship with the Institute.

I understand that during the term of my employment/relationship with Whitehead violation of this agreement will subject me to discipline, up to and including termination of my employment/relationship with the Institute.

Signature: _____

Name: _____ Date: _____

Print Name