

Institut za medicinska istraživanja i medicinu rada

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**DISCLAIMER**

I, , Personal identification no.: ,

from the institution

hereby state that I am fully aware that working in a laboratory undoubtedly poses certain health risk and agree to follow the instructions of the staff/mentors in the laboratories of the Institute for Medical Research and Occupational Health (hereinafter: the Institute). I undertake to use protective equipment while working and to respect the rules of safety at work for my own good and the good of others, as well as for the safeguarding of the Institute's property.

I hereby declare that I am familiar with the by-laws of the Institute as well as with the rules of working in an laboratory (good laboratory practices) and that I understand and accept them as an integral part of this Disclaimer.

I also hereby declare that I am aware and agree with the possibility that the Institute documents my work at the Institute in any way and that the Institute is the holder of the right to all material and intellectual results of my work at the Institute, which it can thereafter use permanently and without restrictions for its research and professional purposes.

With my signature, as a sign of consent, I assume the responsibility that I will not act to the detriment of the Institute in any way and I confirm that I am aware of the consequences that may arise from acting otherwise.

This consent is irrevocable and binding.

Zagreb, date

(signature)