Bio Sci 199 Undergraduate Research Program

Packet B Information
2026-2027

Index

DOCUMENT SUBMISSION INSTRUCTIONS

STEP 1: Documents to UPLOAD to the Research Dashboard
- Bio Sci 199 Proposal
- Waiver & Release of Liability and Acknowledgment of Assumption of Risk Form

STEP 2: Documents to SUBMIT to the School of Medicine (SOM) via Qualtrics
- Department Orientation Record
- UC Irvine Healthcare - Confidentiality Agreement Form
- Bio Sci 199 Health Clearance (Vaccination Verification from UCI Student Health Center)
- Copy of Health Insurance Card
- Certificates of Completion: UC Learning Center (UCLC) health & safety training:
- Annual Training Student
- Fire Safety

STEP 3: Documents to SUBMIT to your Faculty Sponsor/PI

Certificates of Completion: UC Learning Center (UCLC) health & safety training:
- Laboratory Safety Fundamentals
- Hazardous Waste
- Responsible Conduct of Research

Dunlop BioSci Student Affairs Office & UCI School of Medicine
University of California, Irvine
Irvine, CA 92697

Last Updated on 8/14/2026

Packet B Checklist

For students working in a clinical setting and/or with human subjects.

Required Documents

1. Bio Sci 199 Proposal – Complete the online proposal on the Research Dashboard.
   - Electronic signatures will be accepted. All signatures must be obtained before uploading the final proposal.
2. Waiver & Release of Liability and Acknowledgment of the Assumption of Risk Form – Student must review and sign this form.

3. Department Orientation Record - Complete all fields. This form must be signed by both the student and the faculty sponsor/PI.

4. UC Irvine Healthcare – Confidentiality Agreement – Student must review and sign this form.

5. Bio Sci 199 Health Clearance – Obtain "Vaccination Verification" from the UCI Student Health Center. Students are responsible for all applicable immunization and visitation fees.
   - For religious or medical exemptions, cases are reviewed individually by the School of Medicine Dean's Office, Research Operations Project Manager.

6. Health Insurance Card – Provide a photocopy of the front and back of your current health insurance card (personal insurance or USHIP).

7. UC Learning Center (UCLC) Training Certificates –Complete and submit certificates for the following required training modules:
   - Fire Safety
   - Annual Training Student
   - Laboratory Safety Fundamentals
   - Hazardous Waste
   - Responsible Conduct of Research

Submission Instructions

STEP 1: Upload the Bio Sci 199 Proposal and the Waiver & Release of Liability and Acknowledgment of the Assumption of Risk Form to the Research Dashboard

STEP 2: Submit all the information to School of Medicine via Qualtrics:
The School of Medicine will email you a Qualtrics Survey after your packet has been approved by the Bio Sci 199 Coordinators

- Department Orientation Record

- UC Irvine Healthcare - Confidentiality Agreement Form
- Bio Sci 199 Health Clearance (Vaccination Verification)
- Copy of Health Insurance Card
- UC Learning Center Training Certificates:
    - Annual Training Student
    - Fire Safety

STEP 3: Submit all the following items marked to your Faculty Sponsor/Principal Investigator:

- **UC Learning Center Training Certificates:**
    - Laboratory Safety Fundamentals
    - Hazardous Waste
    - Responsible Conduct of Research

Packet Submission Deadlines:

- **Fall, Winter, Spring & 10-Week Summer Session:** submit by Friday of Week 2 at 12 PM.
- **Summer Session 1 & 2:** submit by Friday of Week 1 at 12 PM.

Enrollment Deadlines:

- **Fall, Winter, Spring & 10-Week Summer Session:** submit by Friday of Week 2 at 5 PM.
- **Summer Session 1 & 2:** submit by Friday of Week 1 at 5 PM.

Important Notes:

- Packets remain valid for one academic year (Summer through Spring) and expire at the end of the Spring quarter.
- Once approved, you will receive a Bio Sci 199 photo ID badge (if applicable). You can pick up your badge at the UCI Medical Center Badging Office. It is required that students wear their badge while conducting research, and they must return it at the end of their assignment.
- Packet B students may enroll in Bio Sci 199 only after uploading their proposal and waiver to the Research Dashboard and receiving an approval email. After the packet is approved, they will receive a Qualtrics invitation to submit all supplemental documents noted above.

Emergency Management: Exposure & First Aid Procedures

WHAT TO DO IF YOU ARE ACCIDENTALLY EXPOSED TO BLOOD OR BODY FLUIDS

Definition of Exposure

Exposure occurs when you come into direct contact with blood or body fluids through:

- Eyes, mouth, or other mucous membranes
- Non-intact skin (e.g., cuts, abrasions)
- Puncture wounds from contaminated needles or sharp instruments

First Aid Procedures

Take immediate action based on the type of exposure:

- Contaminated Clothing: Remove immediately if exposed.
- Eye Exposure: Flush eyes with water continuously for 15 minutes.
- Non-Broken Skin Exposure: Wash thoroughly with antiseptic soap and water, using friction for at least 15 seconds.
- Broken Skin Exposure: Wash the area thoroughly with antiseptic soap and water.

IMPORTANT: After first aid, immediately notify your unit **supervisor**.
If the supervisor is unavailable, **do not delay treatment**, contact the UCI Campus Student Health Service: **949-824-5302** or **949-824-5304**

Medical Treatment (Monday–Friday, 7:30 AM – 5:30 PM)

- Contact or go to the UCI Campus Student Health Service: 949-824-5302 or 949-824-5304
- You may also contact the UCI Medical Center Occupational Health Service: 714-456-8300

After-Hours & Weekend Procedures

- **Do not delay treatment.** Seek care immediately at your insurance's designated medical facility.
- Inform your **supervisor** as soon as possible.
- Your supervisor is required to:
  - Complete the appropriate incident paperwork
  - Notify the Campus Student Health Service **within 24 hours** of your report

Follow-Up

- Follow-up care will include a medical evaluation of potential exposure-related illnesses.
- A copy of the provider's written report will be available to you.
- You will be informed of test results during a follow-up medical visit.

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Irvine, CA 92697

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DEPARTMENT ORIENTATION RECORD
BIO SCI 199 UNDERGRADUATE RESEARCH STUDENTS

STUDENT NAME: _____
Last First

REVIEWED (Please initial each box below.)	**STUDENT TRAINING TOPICS**
	Assigned research duties, schedule of days and hours, and dates of assignment
	Healthcare Facility Dress Code and Personal Health Safety
	ID Badge must be worn at all healthcare sites & turned in at the end of the assignment
	Fire Safety Equipment Location in Department
PERSON TO NOTIFY IN CASE OF EMERGENCY RECORDED BELOW:	
Name:	
Relationship:	
Phone Number:	

I certify that I have received the information and training as described above in the areas checked.

Student Signature: _____ Date: _____

DEPARTMENT VERIFICATION: All of the above elements have been reviewed with the student, including any safety issues specific to the student's assignment and I reviewed the DEPARTMENT ORIENTATION RECORD for completeness. The student's questions were answered. **The student will not be conducting assignments that involve handling human blood, body fluid/s or tissue.**

Faculty or Research Supervisor Signature: _____ Date: _____

School of Biological Sciences Student Affairs Office & School of Medicine
University of California, Irvine
Irvine, CA 92697-1460

Bio 199 Health Clearance FAQ

How do I get Bio 199 Health Clearance?

You must submit a request online through My Student Chart **before** each quarter you intend to take Bio 199. Clearance is given after **ALL** requirements have been met. NO EXCEPTIONS.

How do I submit a request for Bio 199 Health Clearance?

My Student Chart

Instructions for Submitting a Bio 199 Health Clearance Request

How to Submit Your Request:

1. Log in to My Student Chart using your UCInetID.
2. Navigate: **Appointments ➔ Schedule an Appointment ➔ Student Health**
3. Select **Online Services ➔ Health Clearance**.
4. Complete the form and submit.

Allow 3-5 business days for your request to be processed.

When should I submit a request for Bio 199 Health Clearance?

You can submit requests no earlier than the quarter before you enroll in Bio 199. **Please do not** wait to hear back from your clinical site before submitting a request, as it can take up to a week or longer to receive clearance. Requests submitted within 7 days of the deadline may not be completed.

What are the requirements to receive clearance for Bio 199?

- **Hepatitis B Requirement**: primary series of 3 doses **AND** positive Hepatitis B surface antibody lab report (Hep B titer). If titer results are negative, you will be required to receive a Hepatitis B booster before receiving Bio 199 clearance.
- **Measles, Mumps, and Rubella (MMR)**: documentation of 2 doses received after the age of 1 **OR** positive MMR titer. If there is no documentation of MMR vaccination and titers are negative, you will be required to start the MMR series (2 doses) until you complete the series.
- **Varicella**: documentation of 2 doses received after the age of 1 **OR** positive varicella titer. If there is no documentation of varicella vaccination and titers are negative, you will be required to start the MMR series (2 doses) until you complete the series.
- **Tetanus, diphtheria, and pertussis (Tdap)**: documentation of a dose of Tdap received within the last 10 years AND expires after the end of the quarter.
- **TB Blood Test – IGRA (Quantiferon Gold or T-spot):** documentation of negative TB blood testing that expires after the end of the quarter. NOTE: TB skin testing will not be accepted.

Can I receive clearance without completing all requirements?

No. Any requirement that is due at the time you submit a request must be completed prior to receiving Bio 199 clearance. You will receive a secure message with detailed information on requirements that need to be addressed before receiving Bio 199 clearance.

Can a requirement be signed off as pending?

It depends on your specific circumstances. If a requirement is **not** due now, it can be signed off as pending. For example, if your Hep B titer comes back negative and you have received your Hep B booster, subsequent vaccinations/testing can be signed off as pending. However, if you are waiting for TB or lab results, you **will not** receive clearance until the results are received.

Created by A. Isabel Velasco/RN

How will I be notified if there are requirements that need my attention?

You will receive a secure message in My Student Chart detailing any requirements that need your attention. You will receive this message within 3 to 5 days of submitting your request. It will be your responsibility to read your secure messages and complete unmet requirements. You are strongly encouraged to opt in to receive text messages. Go to Profile in My Student Chart to Enable Text Messaging.

How do I upload my form and TB/Immunization records?

Upload your documents by selecting 'Upload Images/Clearance Forms' on the main menu in My Student Chart. Scroll down to the section labeled 'Online Health Clearance Request Uploads'. Click on the Update button in this section. Click on the Looks Good button if you are satisfied with the selected document(s). Lastly, click on the Save button to transmit your uploads to your medical record. **Note**: If you do not click on the Save button, your document will not be uploaded.

If I don't have Student Health Insurance and I need testing or vaccination(s), can I be seen at the Student Health Center?

Yes. Any services provided at the Student Health Center will be charged to your ZOT account. It will be your responsibility to submit a claim with your insurance for possible reimbursement.

What if I want to know the status of my Bio 199 clearance?

If it has been more than 5 business days since your last response to a secure message sent to you, reply to the last message sent by the nurse reviewing your chart and request an update. Make sure you have addressed all requirements sent to you to ensure you meet your deadline.

Who will be giving me final clearance?

Only a nurse at the Student Health Center can sign off on the Bio 199 clearance form. All questions concerning clearance must be deferred to the Student Health Center. Your form will be signed off on once all unmet requirements have been met.

How long will my request remain open?

Your request will remain open for 1 week. If you do not provide the Student Health Center with the requested information after you receive a reminder, your request will be closed.

Receive text message alerts when a secure message has been sent to you in My Student chart.

You are strongly encouraged to enable text messaging by editing Text Messaging in your profile. Enter your mobile phone number, check off 'I would like to receive text messages', and enter your Mobile Phone Carrier. Finish by clicking on the Continue button to save.

UC Irvine
Student Health Center

Biological Sciences 199 Enrollment- Vaccination Verification

The UC Irvine of Health Sciences in accordance with UC Irvine Medical Center Occupational Health Department recommendations require documentation of the following vaccinations and/or antibody titer/s prior to working (including administrative) with **(a.) working with Human Subjects (including control subjects); and/or (b.) working with patients or at any facility where patients are present.** Medical exemptions and Hep B declinations are permitted with lab and Medical Director approval.

[ ] Check Box for Medical Exemption approval.

[ ] Check Box for Hep B Declination approval.

1. Hepatitis B Series Vaccine
   a. Hepatitis B Titer after completion of Hepatitis B Vaccine (Must be done within last 5 years)
2. Measles, Mumps & Rubella (MMR) Vaccine or Titer
3. Varicella (Chicken Pox) Vaccine or Varicella (Chicken Pox) Titer (Must be done within the last 10 years)
4. Tetanus, Diphtheria, Pertussis (Tdap) (Must be current within the past 10 years)
5. TB Blood Test - IGRA (T-spot or Quantiferon Gold).
   For any positive TB test, an initial chest X-ray must be completed.

Date: 01/01/2026 Term: **QUARTER 2026**

Student Name/ID: ALMA ANTEATER; N005297

Vaccination Verification Pending. (Must follow up with UCI Student Health Center. Submit an updated Bio Sci 199 Vaccination Verification to Bio Sci Student Affairs for future quarter enrollment)

{Valid through Quarter 2026}

Alma Isabel Velasco, RN

_____

UCI Student Health Center Staff Authorized Signature

Student Health Center 501 Student Health
Irivne, California, 92697-5200
949-824-5301
949-824-3033 Fax

UC Learning Center (UCLC) Training Instructions

You must register and complete the following health and safety training courses on UCLC.

1. Annual Training Student
2. Fire Safety
3. *Laboratory Safety Fundamentals
4. *Hazardous Waste
5. *Responsible Conduct of Research

For instructions on how to complete these three (3) UCLC modules, please visit the **Required UC Learning Center Modules for Research and Labs** guide.

If you are a student or a non-UCI employee with no prior access to the UC Learning Center, or whose term of access has expired, you must request access by filling out the "Student and Affiliate Access Request" form. Access approval may take a couple days. **If you already have access to UC Learning Center, start from Step #8.**

1. Go to the UC Learning Center website.
2. Under STUDENT & AFFILIATE ACCESS, click on "Student & Affiliate Access Request Form"
3. Enter your UCInetID and password
4. Click on icon to "Search Supervisor"
5. Type in your Bio 199 faculty's name. Click "Search"
6. Once you've identified the supervisor, it should bring you back to the previous page
7. Choose "4 - All Other Campus Student". Click "Submit"
8. When you have access to UC Learning Center, go to the UC Learning Center website.
9. Click on "LOGIN". Enter your UCInetID and password.
10. Click on "Find A Course"
11. Search/type the training title:
    - Annual Training Student
    - Fire Safety
    - *Laboratory Safety Fundamentals
    - *Hazardous Waste
    - *Responsible Conduct of Research
12. Click "Register" and complete the training
13. Save your certificates of completion and submit with the rest of the Packet B.

WAIVER & RELEASE OF LIABILITY AND
ACKNOWLEDGMENT OF THE ASSUMPTION OF RISK
199 BIOLOGICAL SCIENCES INDEPENDENT STUDY STUDENTS

I acknowledge that by enrolling in the 199 Biological Sciences Independent Study course, I may be exposed to a variety of pathogenic viral and bacterial vectors of disease. I further understand that I may be exposed to infectious or contagious diseases resulting from my direct or indirect contact with patients and/or human body fluids. Included in, but not limited to, this exposure are the bacteria or viruses which cause Hepatitis A, B and C, AIDS, measles, mumps, rubella and whooping cough; the mycobacterium causing tuberculosis; the microorganisms causing influenza, conjunctivitis, impetigo; the common cold and lice. Exposure to these infectious agents, and other infectious agents not listed here, could result in illness, disability, morbidity and/or death, the risks of which I am willing to assume and for which I am willing to release The Regents of the University of California and its agents, officers, and employees, from liability as stated on this document.

I understand it is my personal responsibility to contact a physician if I have any personal or medical concerns regarding my participation in the 199 Biological Sciences Independent Study course. I further understand that I am strongly advised to contact a physician if I have any of the following conditions or am taking any of the following drugs:

- Diabetes
- Organ or tissue transplant
- Cancer
- Chronic infectious disease
- AIDS or HIV positive status
- Any –immunocompromising disease
- Pregnancy
- Steroids
- Chemotherapeutic drugs for cancer
- Any other drugs which impair my immune system

I further understand the above list of conditions, diseases and drugs is not all inclusive, but merely illustrative. As a student, I further understand I am not covered by the worker's compensation program and that were I to incur any illness while enrolled in this course I will not receive any form of compensation.

I agree to release and forever discharge The Regents of the University of California, its officers, agents and employees, both in their individual capacities and by reason of their relationship to The Regents of the University of California from any and all claims and demands whatsoever which I or my heirs, representatives, executors or administrators, have or may have against The Regents by reason of any accident, illness or injury or other consequences however caused, except through negligent or intentional acts or omissions of The Regents of the University of California, Its officers, employees or agents arising or resulting directly or indirectly from my participation in the 199 Biological Sciences Independent Study course for the academic year.

By signing this statement, I acknowledge that I have read and understand the information on these two pages and agree to the conditions contained therein, *including the release of liability against the Regents of the University of California*, and acknowledge the assumption of the risks of participating in the 199 Biological Sciences Independent Study Courses.

Student Signature	Student ID Number	Academic Year
Student Name Printed	Date	
Signature of Parent or Guardian for Students under 18 years		Date
Name of Parent or Guardian Printed		

University of California, Irvine
Irvine, CA 92697-1460

University of California, Irvine Healthcare Confidentiality Agreement

Applies to all UC Irvine Healthcare "workforce members" including: employees; medical staff and other health care professionals; volunteers; agency, temporary and registry personnel and trainees; house staff, students and interns (regardless of whether they are UC Irvine trainees or rotating through UC Irvine Healthcare facilities from another institution).

It is the responsibility of all UC Irvine Healthcare workforce members, as defined above, including employees, medical staff, house staff, students and volunteers to preserve and protect confidential patient, employee and business information.

The federal Health Insurance Portability and Accountability Act (the "Privacy Rule"), the Confidentiality of Medical Information Act (California Civil Code § 56 et seq.), and the Lanterman-Petris-Short Act (California Welfare & Institutions Code § 5000 et seq.) govern the release of patient identifiable information by hospitals and other health care providers. The State Information Practices Act (California Civil Code sections 1798 et seq.) governs the acquisition and use of data that pertains to individuals. All of these laws establish protections to preserve the confidentiality of various medical and personal information and specify that such information may not be disclosed except as authorized by law or the patient or individual.

Confidential Patient Care Information includes: Any individually identifiable information in possession of or derived from a provider of health care regarding a patient's medical history, mental or physical condition or treatment, as well as the patients' and/or their family members' records, test results, conversations, research records, and financial information. (Note: this information is defined in the Privacy Rule as "protected health information".) Examples include, but are not limited to:

- Electronic and paper medical and psychiatric records including photos, videos, diagnostic results, therapeutic reports, and laboratory and pathology samples;
- Patient insurance and billing records;
- Department based computerized patient data;
- Alphanumeric radio pager messages;
- Visual observations of patients receiving medical care or accessing services; and
- Verbal information provided by or about a patient.

Confidential Employee and Business Information includes, but is not limited to the following:

- Employee home telephone number and address;
- Spouse or other relative names;
- Social Security number or income tax withholding records;
- Information related to evaluation of performance;
- Other such information obtained from the University's records which if disclosed, would constitute an unwarranted invasion of privacy; or
- Disclosure of confidential business information that would cause harm to UC Irvine Healthcare.

Peer Review and risk management activities and information are protected under California Evidence Code Section 1157 and the attorney client privilege.

I understand and acknowledge that:

1. I shall respect and maintain the confidentiality of all discussions, deliberations, patient care records and any other information generated in connection with individual patient care, risk management and/or peer review activities.
2. It is my legal and ethical responsibility to protect the privacy, confidentiality and security of all medical records, proprietary information and other confidential information relating to UC Irvine Healthcare and its affiliates, including business, employment and medical information relating to our patients, members, employees and health care providers.
3. I shall only access or disseminate patient care information in the performance of my assigned duties and where required by or permitted by law, and in a manner which is consistent with officially adopted policies of UC Irvine Healthcare, or where no officially adopted policy exists, only with the express approval of my supervisor or designee. I shall make no voluntary disclosures of any discussion, deliberations, patient care records or any other patient care, peer review or risk management information, except to persons authorized to receive it in the conduct of UC Irvine Healthcare affairs.
4. UC Irvine Healthcare Administration performs audits and reviews patient records in order to identify inappropriate access.
5. My user ID is recorded when I access electronic records and that I am the only one authorized to use my user ID. Use of my user ID is my responsibility whether by me or anyone else. I will only access the minimum necessary information to satisfy my job role or the need of the request.
6. I agree to discuss confidential information only in the work place and only for job related purposes and to not discuss information outside of the work place or within hearing of other people who do not have a need to know about the information.
7. I understand that any and all references to HIV testing, such as any clinical test or laboratory test used to identify HIV, a component of HIV, or antibodies of antigens to HIV, are specifically protected under law and unauthorized release of confidential information may make me subject to legal and/or disciplinary action.
8. I understand that the law specifically protects psychiatric and drug abuse records, and that unauthorized release of such information may make me subject to legal and/or disciplinary action.
9. My obligation to safeguard patient confidentiality continues after my termination of employment with the University of California.

I hereby acknowledge that I have read and understand the foregoing information and that my signature below signifies my agreement to comply with the above terms. In the event of a breach or threatened breach of the Confidentiality Agreement, I acknowledge that the University of California may, as applicable and as it deems appropriate, pursue disciplinary action up to and including termination from the University of California.

Dated: _____ Signature: _____

Print Name: _____

Department: _____