LABORATORY RELEASE FORM

Surgical exercises and procedures will be performed on fresh specimens. Every attempt has been made to carefully screen specimens, but please use caution when handling them.

It is your responsibility to follow up on exposure to blood-borne illness, whether by needle sticks or splashes to mucous membranes, incurred by you during the laboratory. The University of California, San Diego will not be held responsible or liable for any exposure or any follow-up of exposure to blood-borne illnesses.

Closed toe shoes must be worn during the workshops at all times.

I hereby release the University of California, San Diego, their employees, and all equipment or medical device companies whose property and/or personnel are used, or individuals, from responsibility for any injuries or damages I may suffer as a result of my participation in the Perioperative Transesophageal Echocardiography Review Course workshops. I hereby certify that I will wear protective garments, and will use all possible caution in handling specimens and will be responsible for follow-up of any exposure to blood-borne illnesses.

I have read all information provided for the laboratory and certify my compliance.

Print Name: __________________________________________________________________________
Signature: ____________________________ Date: __________________________

SUPPLIES

Closed toe shoes must be worn during the workshops at all times. The course will supply gloves and protective materials for laboratory sessions.

PLEASE RETURN THIS FORM BY EMAIL, FAX OR MAIL TO:

UC San Diego, Department of Anesthesiology
Altman CTRI, MC 7651
9452 Medical Center Drive
La Jolla, CA 92037

Telephone: (619)543-8274. Fax: (619)543-6162. Email: tee-review@ucsd.edu