

# Laboratory Internship Consent Form

Name of Intern:

Laboratory/Department:

Internship Duration (From - To):

Supervisor Name:

Description of Internship Activities:

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## Consent

I, the undersigned, acknowledge that I have read and understood the laboratory safety guidelines and the terms and conditions of this internship. I agree to follow all instructions and procedures as required by the laboratory and accept responsibility for my conduct during the internship period.

Additional Notes:

Intern Signature:

Date:

Supervisor Signature:

Date: