

LukemanLab Student Research Contract

This document applies to visiting High School students, Undergraduate students and Master's students, who are either compensated or uncompensated, while they work under the mentorship of Prof. Philip Lukeman (hereafter referred to as PL).

As a student in PL's lab you are a valued member of the St John's University (hereafter referred to as SJU) academic community. To assure your understanding of your responsibilities regarding lab, university, state and federal research policies and procedures, you must read and understand the statements contained in this document and certify by your signature at the bottom of this form that you freely accept these responsibilities.

I, _____, as a student conducting research at SJU understand that:

1. *Summer work.* My average full-time work hours in the summer period (May-Sep) will be a minimum of 40 hours/week M-F, with a minimum of 10 weeks full-time work.

a) I understand that if I wish to take more than 1 day of leave in any two-week period I should request this leave from PL, by email, no less than 24 hours in advance of the leave time.

b) In the case of an emergency, requiring an extended (> 1 day) absence, I will provide written documentation of the emergency within 1 week. Providing I am capable of doing so, I will contact PL within 24 hours of the emergency event to notify him of my absence and provide an estimation of the time away from lab. If I am incapable of contacting PL within 24 hours, I or a proxy will provide PL with written notification of my absence and the reason for it within 1 week.

2. *Academic year work.* During the academic year (Sep-May), after my training period, my average work hours will be a minimum of 10h/week. I will inform PL if this average needs to be low for more than 4 weeks in a row.

3. *Instrument usage.* If I sign up for instrument, equipment or training time, (e.g. reserve gel boxes, organize time on the AFM or fluorimeter or other shared instrumentation, organize a meeting with faculty) and I cannot use the equipment/come to the meeting at the designated time due to a foreseeable event, it is *my* responsibility to notify the faculty or student member responsible for that equipment/meeting *by email* - with at least 24h notice. In case of an *emergency* or *unforeseeable* cancellation, phoning PL's cellphone and leaving a message is acceptable notice.

4. *Lab manual.* I agree that following the directions of the LukemanLab manual (found here <http://lukemanlab.org/Papers/Labmanual.pdf>) forms part of this agreement.

5. *Research Documentation.* I will create and maintain appropriate laboratory documentation, including dated and legible laboratory notebooks, to adequately demonstrate the claims of my work.

6. *Ethics.* I agree to execute my research duties as defined by PL in an ethically responsible manner, treating records confidentially and treating those with whom I work with respect at all times. I also agree to conduct my research honestly and with a sense of responsibility to my colleagues and the subject matter.

7. *Training.* I agree that I will take ethics, HIPAA, or other training as authorized by PL.

8. *Data ownership.* I agree that data, laboratory notebooks, work notebooks, computer programs, sample collections and research products and technical information in any form are the property of SJU, and must be returned to PL immediately upon request or upon the termination of my appointment, or activities in the study.

9. *Safety.* I will follow safe laboratory practices as demonstrated in program specific safety training sessions, the University/College/Dept Safety Manual, and will report all accidents immediately.

10. *Dissemination of results.* I will not share research findings with lay or scientific outlets without express negotiation and permission of PL.

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Consequences. I understand that failure to follow the terms of the above agreement can result actions such as (but not limited to) my dismissal from the lab, poor or failing grades for registered research courses, docking or cancellation of my summer/academic stipends and PL's refusal to write me a recommendation letter.

Print Name

Signed

Dated

PI: Philip Lukeman

Signed

Dated