**Declaration of knowledge of work regulations at TRL**

Warsaw, date ……………………………….

…………………………………………………………………………………………

 Name and surname

………………………………………………………………………………………….

 Organisational unit

of Mossakowski Medical Research Institute Polish Academy of Sciences

I, the undersigned, declare that I have read:

1. the Work Regulations at Toxicology Research Laboratory (TRL).

2. Detailed Occupational Health and Safety Regulations (Polish: BHP) at Toxicology Research Laboratory.

I also acknowledge that in any and all forms of publications (abstracts, scientific papers, dissertations etc.) including data obtained at TRL the following clause shall be included: ‘**The studies were performed in Toxicology Research Laboratory, Mossakowski Medical Research Institute Polish Academy of Sciences**’ (Polish: „**Badania przeprowadzono w Środowiskowym Laboratorium Badań Toksykologicznych Instytutu Medycyny Doświadczalnej i Klinicznej im. Mirosława Mossakowskiego Polskiej Akademii Nauk**”. The clause will be incorporated in Materials and Methods section or in the footnotes.

…………………………………………………………..

 Signature