
SALUTE E SICUREZZA IN LABORATORIO
Rules for lab access

I, the undersigned _____
Student n. _____

Enrolled in the following Master's degree course:

- ☐ Master's Degree course in *Neuroscience*
☐ Master's Degree course in *Biotechnologies and Applied Artificial Intelligence for Health*

REQUEST:

the recognition of the *Certificazione di sicurezza in laboratorio*:

obtained in _____ (DD/MM/YYYY)

at _____

Date _____ (DD/MM/YYYY)

Student's signature:

This form is to be sent to didattica@biologia.unipi.it

A copy of the certificate and the programme of the activities held, specifying number of hours must
be attached to the request