

NATIONAL AGRICULTURAL INDUSTRIAL HYGIENE LABORATORY (NAIHL)

COLLABORATION FORM

If you are interested in working with our facility, please fill this form out, and send it by email to:
Canadian Centre for Health & safety in Agriculture (cchsa.ccssma@usask.ca) or
Dr. N. Koehncke (niels.koehncke@usask.ca). Your request will be triaged to the appropriate lab lead.

(1) Research Question:

(2) Area of interest

<input type="checkbox"/> Rural Dementia Action Research <input type="checkbox"/> Ergonomics Laboratory <input type="checkbox"/> Musculoskeletal Health & Access to Care <input type="checkbox"/> Saskatchewan Farm Injury Study <input type="checkbox"/> Mass Spectrometry Laboratory <input type="checkbox"/> Agricultural Health and Safety Network <input type="checkbox"/> Agrivita Canada	<input type="checkbox"/> Saskatchewan Farm Fatality Research <input type="checkbox"/> Rural Lung Health Studies <input type="checkbox"/> Occupational Hygiene and Health <input type="checkbox"/> Aboriginal Lung Health Study <input type="checkbox"/> Study Questionnaires <input type="checkbox"/> Other _____
--	--

(3) Labs

<input type="checkbox"/> Respiratory Exposure Laboratory <input type="checkbox"/> Human Exposure Laboratory <input type="checkbox"/> Animal Exposure Laboratory <input type="checkbox"/> Respiratory Epidemiology Laboratory <input type="checkbox"/> Environmental Assessment Laboratory <input type="checkbox"/> Environmental Exposures Wet Laboratory <input type="checkbox"/> Mass Spectrometry Laboratory <input type="checkbox"/> Ergonomics and Vibration Laboratory <input type="checkbox"/> Occupational Hygiene Laboratory	<input type="checkbox"/> National Injury Control Laboratory <input type="checkbox"/> Epidemiology Laboratory <input type="checkbox"/> Musculoskeletal Health and Access to Care Lab <input type="checkbox"/> Rural Health Lab/Rural & Remote Memory Clinic <input type="checkbox"/> Knowledge Translation Laboratory <input type="checkbox"/> Tele-transmission Laboratory <input type="checkbox"/> Commercialization and Innovation Laboratory <input type="checkbox"/> Other _____
---	---

Please complete:

Name:
Affiliation or institution:
Email: