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| **Regis College****Institutional Animal Care and Use Committee****Lab Animal PRIVILEGES and Procedures Training Documentation Form** |
| Print Name:  |  | Lab/Dept: |  |
| Title / Position:  |  | Work Phone #: |  | Pager #:  |  |
| Education (institution, degree, and specialty): |
| ***WILL YOU BE WORKING WITH ANIMALS? 🞎 YES 🞎 NO***  |
|  |
| **Animal Species and Procedures:** | **Trainer signature:***certifies that this individual has completing the listed training and is approved for independent performance* | **Date Training completed** |
| **Initial Orientation upon arrival:** |  |  |
| CITI Online (Working with the IACUC) |  |  |
| Veterinarian Orientation  |  |  |
| **General handling and husbandry**: |  |  |
| Handling – Species \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Handling – Species \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Handling – Species \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **Common Procedures:** |  |  |
| IM Injections– Species \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| IP Injections– Species \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| IV Injections– Species \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Inhalant anesthesia equipment training |  |  |
| Breeding operations and reporting |  |  |
| Euthanasia training \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Species & method \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| ***Animal use procedures which are specific to the individual lab are described on the next page*** |
| **Approved Projects*: list the Protocol # for each project that this person is assigned to work on. Update the list as needed*** |
| ***Protocol #*** | ***Date added*** | ***Protocol #*** | ***Date added*** | ***Protocol #*** | ***Date added*** |
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**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed name of PI/Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTE**: Principal Investigators are ultimately responsible for all training of their laboratory personnel, including any need to ensure the proper care and use of laboratory animals. Updated animal-related training records must be maintained for each person working with animals.

**I certify that this individual has been or will be trained in the procedures that they will perform, and in the protocols that they will work under.**

**Signature of PI/Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please keep this form available in the lab for review by IACUC, Regis College Laboratory Safety inspection teams, and Accreditation and/or Regulatory Site Visitors.***

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| **Lab/Protocol Specific Animal Procedures:** | **Trainer signature:***certifies that this individual has completing the listed training and is approved for independent performance* | **Date:** |
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