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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*** | | | | | | | | | | | | |
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| **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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Continuation Page