|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Personnel name and e-mail:** | | **Check if Non-UML Personnel** | | | | **Date:** |  |
| **Principal Investigator (PI) name and e-mail:** | | |  | **Protocol Number(s):** |  | | |
| **Location(s):** | Andover  Olsen Room #        Perry Room #        ETIC Room #   Other: | | | | | | |

**Species** (check all that apply)**:**  Amphibian  Fish  Mouse  Rat  Reptile  Other:

1. **Submitted Animal Occupational Health Questionnaire (F-AOHQ) to Lowell General** (Annual submission required)**:**  Yes; Date        No

1. **CITI** [https://about.citiprogram.org/](https://urldefense.com/v3/__https:/about.citiprogram.org/__;!!PVKG_VDCxu5g!9GiZNmf_ZRgkWTH9a-ASEe9lxJOtQq8DyulgGNlcBPfN6ESNMW2-RvQw2ng_L3pn5Grrdxk019E$) (Certification(s) required before protocol approval is issued. Renewal required every 3 years)**:**

|  |  |  |
| --- | --- | --- |
| **Required for Protocol** | **Course Name** | **Provide Completion Date** |
|  | Animal Biosafety | Completion Date: |
|  | OSHA Bloodborne Pathogens | Completion Date: |
|  | IACUC training for Investigators, Staff and Students | Completion Date: |
|  | Working with Amphibians in Research Settings | Completion Date: |
|  | Working with Fish in Research Settings | Completion Date: |
|  | Working with Genetically Modified Mice in Research Settings | Completion Date: |
|  | Working with Guinea Pigs in Research Settings | Completion Date: |
|  | Working with Mice in Research Settings | Completion Date: |
|  | Working with Rats in Research Settings | Completion Date: |
|  | Post-Procedural Care of Mice and Rats in Research | Completion Date: |
|  | Other: | Completion Date: |

1. **EHS**

|  |  |  |
| --- | --- | --- |
| **Required for Protocol** | **Course** | **Provide Completion Date** |
|  | Bloodborne Pathogens/General Biosafety | Completion Date: |
|  | Laboratory Safety | Completion Date: |
|  | Radiation Basic Safety | Completion Date: |

1. **Animal Facility Practicum**

|  |  |  |
| --- | --- | --- |
| **Required for Protocol** | **Procedure Name** | Denote: **Completion Date / Years of Experience** *or* **Requires Training** PI responsible for personnel’s traininge-mail[**andovervivarium@uml.edu**](mailto:andovervivarium@uml.edu)for consultation |
|  | Andover Facility Training | Completion Date or Years Exp.:   Requires Training |
|  | Animal Facility Emergency & Disaster Plan (AFEDP-1) - **Reviewed Plan with Personnel** | PI signature and date of review:  Personnel signature and date of review: |
|  | Handling and Restraint (AC-HR-005):  Mouse  Rat  USDA species: | Completion Date or Years Exp.:   Requires Training  Completion Date or Years Exp.:   Requires Training  Completion Date or Years Exp.:   Requires Training |
|  | Breeding (AC-BM-006) | Completion Date or Years Exp.:   Requires Training |
|  | Utilizing Cage Cards (H-UCC-001) | Completion Date or Years Exp.:   Requires Training |
|  | Cage & Bottle Prep (H-CP-002 & H-BP-004) | Completion Date or Years Exp.:   Requires Training |
|  | Biowaste Disposal (S-BD-003) | Completion Date or Years Exp.:   Requires Training |
|  | Sexing and Weaning (AC-SW-004):  Mouse  Rat  USDA species: | Completion Date or Years Exp.:   Requires Training  Completion Date or Years Exp.:   Requires Training  Completion Date or Years Exp.:   Requires Training |
|  | Andover Animal & Material Transport (AC-AMT-001) | Completion Date or Years Exp.:   Requires Training |

1. **Techniques**

|  |  |  |
| --- | --- | --- |
| **Required for Protocol** | **Procedure Name** | Denote: **Completion Date / Years of Experience** *or* **Requires Training** PI responsible for personnel’s traininge-mail[**andovervivarium@uml.edu**](mailto:andovervivarium@uml.edu)for consultation |
|  | **Euthanasia:**  CO2  Immersion/Overdose (MS-222  Cervical Dislocation  Thoracotomy  Other: | Completion Date or Years Exp.:   Requires Training  Completion Date or Years Exp.:   Requires Training  Completion Date or Years Exp.:   Requires Training  Completion Date or Years Exp.:   Requires Training  Completion Date or Years Exp.:   Requires Training |
| **Required for Protocol** | **Procedure Name** | Denote: **Completion Date / Years of Experience** *or* **Requires Training** PI responsible for personnel’s traininge-mail[**andovervivarium@uml.edu**](mailto:andovervivarium@uml.edu)for consultation |
|  | **Blood Collection:**  Cardiac Puncture  Saphenous  Tail Vein  Other: | Completion Date or Years Exp.:   Requires Training  Completion Date or Years Exp.:   Requires Training  Completion Date or Years Exp.:   Requires Training  Completion Date or Years Exp.:   Requires Training |
|  | **Administration Route:**  Intramuscular (IM)  Intraperitoneal (IP)  Intravenous (IV)  Subcutaneous (SC/SQ)  Other: | Completion Date or Years Exp.:   Requires Training  Completion Date or Years Exp.:   Requires Training  Completion Date or Years Exp.:   Requires Training  Completion Date or Years Exp.:   Requires Training  Completion Date or Years Exp.:   Requires Training |
|  | **Procedures**:  Analgesia  Anesthesia  Implant  Other: | Completion Date or Years Exp.:   Requires Training  Completion Date or Years Exp.:   Requires Training  Completion Date or Years Exp.:   Requires Training  Completion Date or Years Exp.:   Requires Training |
|  | **Laboratory Misc. Experiment:**  List all work | Completion Date or Years Exp.: |

I the undersigned and accept responsibility for assuring that the named personnel involved in this study has met the training requirements as indicated above.

Right click on the “X” inside box below and from dropdown menu select “Sign…”



PI Signature/Date

Return completed form to [IACUC@uml.edu](mailto:IACUC@uml.edu)