 <i>David H. Murdock Research Institute</i>	Document Title Personnel Qualifications to Perform Animal Research Form			Document ID FM-0027	DCO ID 15-266
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PERSONNEL QUALIFICATIONS TO PERFORM ANIMAL RESEARCH

Please complete one form for **EACH INDIVIDUAL** named on the protocol (**MUST BE TYPED**)

Please complete the form, sign and email a scanned pdf to Daniel Peralta, at dperalta@dhmri.org


PERSONAL INFORMATION:			
EMPLOYEE NAME (<i>Exactly as in IACUC protocol and lab personnel records</i>)			
EMPLOYEE E-MAIL ADDRESS (work)			PHONE (work):
ANIMAL USE LOCATION (Center for Laboratory Animal Sciences (CLAS) facility or lab)		LAB AFFILIATION	
PRINCIPAL INVESTIGATOR	PI E-MAIL ADDRESS (work)		PHONE (work):
PROTOCOL NUMBER(S) FOR PROTOCOLS WITH WHICH THIS EMPLOYEE IS ASSOCIATED (or "new submission" or "reference #" for new protocol)			

1. Responsibilities under Protocol # _____:

(Please list the procedures to be conducted under each protocol listed, e.g. ip injections, CO₂ euthanasia, oral gavage. **Protocol number alone is not sufficient.**)

2. Authorized to Order Animals under Protocol # _____:

(Please select the checkbox if associate is authorized to order animals under each protocol listed)

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A. FORMAL EDUCATION AND / TRAINING:

DEGREE(S) EARNED:	DATE(S):	INSTITUTION(S):
TRAINING PERFORMED:	DATE(S):	LOCATION(S):

B. CERTIFICATIONS:

AALAS/VET TECH (SPECIFY):
OTHER (SPECIFY):

C. CITI TRAINING RELATED TO ANIMAL CARE & USE:

Required IACUC and/or CLAS Courses	<input type="checkbox"/> <i>Working with the IACUC</i> <i>Completion Date:</i>	<input type="checkbox"/> <i>Reducing Pain and Distress</i> <i>Completion Date:</i>
	<input type="checkbox"/> <i>Species-specific Module (mice, rats, and/or primates)</i> <i>Completion Date:</i>	<input type="checkbox"/> <i>Species-specific Module (mice, rats, and/or primates)</i> <i>Completion Date:</i>
Other	<input type="checkbox"/> <i>Specify:</i> <i>Completion Date:</i>	<input type="checkbox"/> <i>Specify:</i> <i>Completion Date:</i>

D. OCCUPATIONAL HEALTH (CHECK THE APPROPRIATE STATEMENT):
 Contact the IACUC Coordinator or Attending Veterinarian for Program Requirements and Details

I have enrolled/ will enroll in the Occupational Health Certification Program.

Date:


I have completed my annual update of the Occupational Health Certification Program.

Date of Annual Update:


I perform no animal procedures or manipulations

E. ANIMAL PROCEDURES

Describe your experience with procedures on live animals, or your plans for training. Please attach additional sheets as needed. Please specify Mice, Rats or Both. Please specify "Other" species as necessary.

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PROCEDURE	SPECIES	METHOD / ROUTE	# YEARS OF EXPERIENCE OR "IN TRAINING"	TRAINING DATE(S)	TRAINING: BY WHOM/HOW
Anesthesia (e.g., Inhaled, Injected, etc.)	<input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Both				
	<input type="checkbox"/> Other (specify):				
Blood Collection (e.g., IV, Tail vein, Intracardiac, etc.)	<input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Both				
	<input type="checkbox"/> Other (specify):				
Euthanasia (e.g., CO2, injected, etc.)	<input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Both				
	<input type="checkbox"/> Other (specify):				
Restraint and Handling (List Devices/Methods in Method Column, e.g. Manual, Restrainer, etc.)	<input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Both				
	<input type="checkbox"/> Other (specify):				
Animal ID (e.g., ear punch, microchip, tattoo, etc.)	<input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Both				
	<input type="checkbox"/> Other (specify):				
Administering Injections (e.g., IV, IP, SC,	<input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Both				

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PROCEDURE	SPECIES	METHOD / ROUTE	# YEARS OF EXPERIENCE OR "IN TRAINING"	TRAINING DATE(S)	TRAINING: BY WHOM/HOW
etc.)	<input type="checkbox"/> Other (specify):				
Sterile Surgery (List Specific Procedures in Method Column)	<input type="checkbox"/> Mice				
	<input type="checkbox"/> Rats				
	<input type="checkbox"/> Both				
	<input type="checkbox"/> Other (specify):				
Non-sterile Surgery (List Specific Procedures in Method Column)	<input type="checkbox"/> Mice				
	<input type="checkbox"/> Rats				
	<input type="checkbox"/> Both				
	<input type="checkbox"/> Other (specify):				
Gavage	<input type="checkbox"/> Specify:				
Other (Describe Procedure in the Methods Column)	<input type="checkbox"/> Mice				
	<input type="checkbox"/> Rats				
	<input type="checkbox"/> Both				
	<input type="checkbox"/> Other (specify):				

Certifications

By our signatures, we certify that:

- The employee/personnel listed in this form is qualified to perform the procedures listed, or if not currently qualified, will get appropriate training and become competent in the procedures before performing them on live animals.
- The PI will ensure the above individual is competent with the procedures before allowing him/her to perform these manipulations on live animals.

EMPLOYEE	SIGNATURE	DATE
PRINCIPAL INVESTIGATOR(S)	SIGNATURE(S)	DATE