

Please read this important information.

- This form may be filled out and printed via using the computer. However, if you are using Acrobat Reader to view, fill out, and print this completed form you will **NOT** be able to save the data.
- If the form is multiple pages you will need to complete it in one session, then print it. If you choose, you can complete and print the form in sections.
- In order to save the data after printing the form, you will need to have the full version of Adobe Acrobat.

**SYRACUSE UNIVERSITY ANIMAL CARE AND USE COMMITTEE
TRAINING DOCUMENTATION FORM**

This form is to be completed for each person in contact with live animals and attached to each protocol submitted for IACUC review. Forms must be submitted for all new personnel involved after IACUC approval of the protocol.

Name: _____

Work Address: _____, Work Phone: _____

Home phone (for emergencies): _____

Status (check one): Faculty Post-Doc. Grad. Student Undergrad. Student Staff
Affiliation if other than SU: _____

Have you had a tetanus shot in the last 10 years? No _____ Yes _____ Date _____

Title of Protocol:

The person named above has been trained in all the following (check all that apply):

- a) _____ Ethics and the regulations (Federal and State) governing the care and use of laboratory animals
- b) _____ Syracuse University Policies and Standard Operating Procedures
- c) _____ Principles of Experimental Design including biostatistics
- d) _____ Hazard Control (including occupational safety and accident management)
- e) _____ Potential to encounter **species specific** allergens and pathogens.

The person named above has been trained in the following procedures:

<u>Procedure</u>	<u>Species</u>	<u>Training/Experience (including dates)</u>
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I certify that the above information is true:

Signed (Person Trained) _____ Date: _____

Signed (Principal Investigator): _____ Date: _____