*This form is intended to cover one individual for one Principal Investigator. The form must be typed and complete for acceptance by the IACUC Office.*

**Personnel Qualifications to Perform Animal Research - University of Colorado Denver | Anschutz Medical Campus**

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| --- | --- |
| Employee Name (exactly as in UC Colorado Denver|Anschutz Medical Campus Records)  Click or tap here to enter text. | Phone (daytime contact)  Click or tap here to enter text. |
| Employee email Address  Click or tap here to enter text. | Employee Number (not SSN)  Click or tap here to enter text. |
| Department Affiliation  Click or tap here to enter text. | |
| Principal Investigator Name  Click or tap here to enter text. | Phone (daytime contact)  Click or tap here to enter text. |
| Principal Investigator email Address  Click or tap here to enter text. | |
| Protocol Numbers (separated by commas) to be assigned for this Principal Investigator only. If protocol number is not yet assigned, type “New Submission”  Click or tap here to enter text. | |
| Authorized to order animal for this Principal Investigator  Primary Contact - Include employee on Cayuse generated emails for protocol (s) | |

Administrative Only for listed protocols, no access to Vivarium (Animal Ordering or Protocol drafting permissions). If checked, proceed to signatures.

**Do not check if vivarium access is desired**. If not handling animals, yet vivarium access is desired, describe the activities in the responsibility section below.

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| **Responsibilities held under the protocol(s) listed (Required).** List the procedures to be conducted under each protocol listed, e.g. ip injections, CO2 euthanasia, oral gavage. Click or tap here to enter text.  I perform no animal procedures or manipulations yet request vivarium access. Describe activities above. Occupational Health Clearance will be required |

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| --- | --- |
| I have enrolled with Occupational Health Choose an item. | Date Submitted: |

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| **Employee Name** Click or tap here to enter text. |

*Describe your experience with procedures on live animals, or your plans for training. If ‘in training’, training must be completed before you perform them on live animals. Please attach additional sheets as needed. Please specify the species for each procedure.*

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| Procedure | Species  (List all species in the Protocol) | Method/Route | Years of Experience as of Select Date |
| **Anesthesia**  (e.g Inhaled, Injected, etc.) | Mouse  Rat  Other list all species | Click or tap here to enter text. | # of Years #  In Training |
| **Blood Collection**  (e.g. IV, Tail Vein, Intracardiac) | Mouse  Rat  Other list all species | Click or tap here to enter text. | # of Years #  In Training |
| **Euthanasia**  (e.g. CO2, injected, etc.) | Mouse  Rat  Other list all species | Click or tap here to enter text. | # of Years #  In Training |
| **Restraint and Handling**  (Manual, restrainer, etc.) | Mouse  Rat  Other list all species | Click or tap here to enter text. | # of Years #  In Training |
| **Animal ID** (e.g. ear punch, microchip, tattoo, etc.) | Mouse  Rat  Other list all species | Click or tap here to enter text. | # of Years #  In Training |
| **Administering Injections**  (e.g. IV, IP, SC, etc.) | Mouse  Rat  Other list all species | Click or tap here to enter text. | # of Years #  In Training |
| **Sterile Surgery**  (List Specific Procedures in Method Column) | Mouse  Rat  Other list all species | Click or tap here to enter text. | # of Years #  In Training |
| **Non-sterile Surgery**  (List Specific Procedures in Method Column ) | Mouse  Rat  Other list all species | Click or tap here to enter text. | # of Years #  In Training |
| **Gavage** | Mouse  Rat  Other list all species | Click or tap here to enter text. | # of Years #  In Training |
| **Other** (Describe Procedure in the Methods Column e.g. necropsy, tissue collection) | Mouse  Rat  Other list all species | Click or tap here to enter text. | # of Years #  In Training |

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| *I certify that I am qualified to perform the procedures listed, or if not currently qualified, I will get appropriate training and become competent in the procedures before I perform them on live animals.* | *As the Principal Investigator. I certify that I will ensure the above individual is competent with the procedures before allowing him/her to perform these manipulations on live animals.* |
| Date Signed enter date | Date Signed enter date |
| Signature Required – Physical or Digital (paste digital image below) | Signature Required – Physical or Digital (paste digital image below) |