



Animal Use Protocol (AUP) Personnel Training & Acknowledgement Form

Form must be completed annually, or when requested by the IACUC office by everyone listed on active AUPS

Personnel Name: _____ Role/Title: _____ Department: _____

Principal Investigator (PI): _____

AUP(s) Number(s): _____

Species Covered (check all that apply): Laboratory Animals Wildlife / Field Species

REQUIRED TRAINING & OCCUPATIONAL HEALTH AND SAFETY (OHS): Please complete

Requirement	Date Completed
CITI Training Completed (as applicable): Working with the IACUC and Species-Specific Modules	
Risk Assessment or Annual Medical Review	
Vaccine Acceptance/Declination Form (as applicable)	
Respiratory fit test/annual test (as applicable)	

SPECIFIC TECHNIQUE TRAINING DOCUMENTATION (CHECK ALL THAT APPLY)

<p>Laboratory Animals</p> <p><input type="radio"/> Animal handling / restraint / refined handling</p> <p><input type="radio"/> Anesthesia / analgesia (if applicable)</p> <p><input type="radio"/> Humane euthanasia (species-appropriate)</p> <p><input type="radio"/> Blood collection (non-terminal)</p> <p><input type="radio"/> Injections, IV / IP / SC / IM, (as applicable)</p> <p><input type="radio"/> Specialized Procedures (as applicable):</p> <p><input type="radio"/> Other, describe: _____</p>	<p>Wildlife / Field Activities</p> <p><input type="radio"/> Capture / restraint methods</p> <p><input type="radio"/> Marking / tagging / sampling</p> <p><input type="radio"/> Field anesthesia / sedation (if applicable)</p> <p><input type="radio"/> Release procedures</p> <p><input type="radio"/> Transport of animals / samples</p> <p><input type="radio"/> Specialized Procedures (as applicable):</p> <p><input type="radio"/> Other, describe: _____</p>
---	--

PROTOCOL & POLICY ACKNOWLEDGEMENTS

I have am listed as personnel, have read and understand the **active AUP(s)** listed above.

I understand I may **only perform procedures explicitly approved** in the active AUP(s).

I understand and agree to comply with the [Institutional Photography & Media Policy](#) related to animals and research activities.

Signature: _____ Date: _____

PRINCIPAL INVESTIGATOR VERIFICATION

I verify that the individual named above has completed or is appropriately supervised for the listed training and techniques and is authorized to participate in activities approved under the AUP(s).

PI Signature: _____ Date: _____