



INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE APPLICATION FOR ANIMAL USE

Duplicate this form for each individual listed in Section A4, where applicable.

SECTION G. PERSONNEL QUALIFICATION FORM

G1. PERSONNEL INFORMATION

Date	
Name	
Institution/Department	
Day Phone	
E-mail address	
GAI Relationship	

G2. ANIMAL USE, ETHICS, AND WELFARE TRAINING

During the review of this protocol, the IACUC will determine what trainings are required for participation under the protocol, based on your previous experience. Please check those trainings which have already been completed:

- | | |
|---|---|
| <input type="checkbox"/> GAI Working with the IACUC | <input type="checkbox"/> GAI Field Studies |
| <input type="checkbox"/> GAI Research Laws and Policies | <input type="checkbox"/> CITI Working with the IACUC |
| <input type="checkbox"/> GAI Working With Mammals | <input type="checkbox"/> CITI Post-Approval Monitoring |
| <input type="checkbox"/> GAI Working With Birds | <input type="checkbox"/> CITI Wildlife Research |
| <input type="checkbox"/> GAI Working With Reptiles | <input type="checkbox"/> CITI Working with Amphibians: Research Setting |
| <input type="checkbox"/> GAI Working With Amphibians | <input type="checkbox"/> CITI Working with Fish: Research Setting |
| <input type="checkbox"/> GAI Working With Fish | <input type="checkbox"/> CITI Working with Reptiles: Research Setting |
| <input type="checkbox"/> GAI Working With Invertebrates | <input type="checkbox"/> CITI Working with Zebrafish: Research Setting |
| <input type="checkbox"/> Other, please describe: | |

G3. PERSONNEL AGREEMENT

Check each box that is applicable to confirm agreement and sign at the end of this section. The agreement may be signed electronically as part of this form or a copy may be signed manually, scanned, and emailed separately. If the signed copy is emailed separately, it must be received before notification of protocol approval will be issued.

- I have reviewed and will abide by the IACUC's Protocol Approval Standard Conditions and will promptly notify the Principal Investigator of any situations that arise which fall under these standard conditions.
- I have reviewed, or will review, the protocol section under which I will be performing work. I accept responsibility for conducting my work in accord with the approved protocol.
- I understand that work performed without IACUC approval may result in federally required reporting of non-compliance.
- I certify that I have reviewed the humane endpoints in this proposal and are competent to assess the animal's well-being.

G4. SKILLS AND EXPERIENCE

With respect to THIS PROTOCOL ONLY, please indicate the species with which you will be working and indicate which skills needed to perform the study in which you are ALREADY PROFICIENT.

If any of the procedures in the protocol will be requested to be performed by GAI personnel, please describe those here:

Please complete the researcher techniques checklist for *each* species.

Researcher Techniques Checklist			
Species:			
Techniques	Current Skills	List length of experience	Training Needed
Direct Handling	<input type="checkbox"/>		<input type="checkbox"/>
Passive Handling (Training; Stimulus Control)	<input type="checkbox"/>		<input type="checkbox"/>
Restraint	<input type="checkbox"/>		<input type="checkbox"/>
Oral Gavage	<input type="checkbox"/>		<input type="checkbox"/>
Other:	<input type="checkbox"/>		<input type="checkbox"/>
Injections			
Intramuscular	<input type="checkbox"/>		<input type="checkbox"/>
Subcutaneous	<input type="checkbox"/>		<input type="checkbox"/>
Intraperitoneal	<input type="checkbox"/>		<input type="checkbox"/>
Intracardiac	<input type="checkbox"/>		<input type="checkbox"/>
Other:	<input type="checkbox"/>		<input type="checkbox"/>
Blood Collection			
Tail vein	<input type="checkbox"/>		<input type="checkbox"/>
Facial (maxillary) vein	<input type="checkbox"/>		<input type="checkbox"/>
Saphenous vein	<input type="checkbox"/>		<input type="checkbox"/>
Orbital sinus/plexus	<input type="checkbox"/>		<input type="checkbox"/>
Cardiac puncture	<input type="checkbox"/>		<input type="checkbox"/>
Other:	<input type="checkbox"/>		<input type="checkbox"/>

Identification		
Ear tagging	<input type="checkbox"/>	<input type="checkbox"/>
Ear notch	<input type="checkbox"/>	<input type="checkbox"/>
Microchip	<input type="checkbox"/>	<input type="checkbox"/>
Dart/roto tag	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Anesthesia		
Injectable	<input type="checkbox"/>	<input type="checkbox"/>
Volatile	<input type="checkbox"/>	<input type="checkbox"/>
Aseptic technique	<input type="checkbox"/>	<input type="checkbox"/>
Post-surgical care	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Euthanasia		
CO ₂	<input type="checkbox"/>	<input type="checkbox"/>
Decapitation	<input type="checkbox"/>	<input type="checkbox"/>
Cervical dislocation	<input type="checkbox"/>	<input type="checkbox"/>
Transcardial perforation	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

See G4 supplemental sheets for additional skills and experience per species.

Please describe any formal training that you have received related to the use of animals. Include the institution, approximate dates, and a brief description of the training content:



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What experience do you have that prepares you to perform the procedures and use the techniques required of you in this protocol? (Please be specific.)

If training in specific skills is needed (as checked above) or if you will be engaged in procedures for which you are not presently proficient, indicate who will provide the necessary training and who will provide oversight until you have achieved proficiency: