**Please utilize all 11 available Section G spaces under the GAI IACUC Application Package document first before using a separate Section G Form**. Section G needs to be completed by the Primary Investigator and each person working on the project that will engage in the capture, restraint, or handling or animals and/or handling of samples, unless they have a qualified exemption. All necessary documents must be submitted to iacuc@georgiaaquarium.org as PDFs once completed. Hard copies, scanned hard copies, and faxed copies of applications will not be accepted.

# SECTION G. PERSONNEL QUALIFICATIONS

**G1. PERSONNEL INFORMATION**

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| GAI Relationship: | **[ ]** Staff **[ ]** Intern **[ ]** Volunteer **[ ]** Not Affiliated  |
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**G2. ANIMAL USE, ETHICS, AND WELFARE TRAINING**

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| During the review of this protocol, the IACUC will determine what trainings are required for participation under this protocol, based on your previous experience. Please check the trainings that you have already been completed: |
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| **[ ]** [IACUC101: Working with the IACUC](https://forms.microsoft.com/Pages/ResponsePage.aspx?id=OWzO5TwCm02bKOD547czJdUBkBnx0FhBgLNj_YQ-XwBUNUJPTFVURkFZQ1Y2WkFEQUNVUkM4NTIzTC4u)**[ ]** [IACUC200: Research Laws and Policies](https://forms.microsoft.com/Pages/ResponsePage.aspx?id=OWzO5TwCm02bKOD547czJdUBkBnx0FhBgLNj_YQ-XwBUNUJPTFVURkFZQ1Y2WkFEQUNVUkM4NTIzTC4u)IACUC600: Working With MammalsIACUC601: Working With BirdsIACUC602: Working With ReptilesIACUC603: Working With AmphibiansIACUC604: Working With FishIACUC605: Working With Invertebrates | **[ ]**  [CITI Working with the IACUC](https://about.citiprogram.org/course/working-with-the-iacuc/)**[ ]**  [CITI Wildlife Research](https://about.citiprogram.org/course/wildlife-research/)**[ ]**  [CITI Working with Amphibians in Research Settings](https://about.citiprogram.org/course/working-with-amphibians-in-research/)**[ ]**  [CITI Working with Fish in Research Settings](https://about.citiprogram.org/course/working-with-fish-in-research-settings/)**[ ]**  [CITI Working with Reptiles in Research Settings](https://about.citiprogram.org/course/working-with-reptiles-in-research-settings/)

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| **[ ]**  Other, please describe: |
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**G3. PERSONNEL AGREEMENT**

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| **[ ]**  I have reviewed and will abide by the IACUC’s **Research Approval Standard Conditions** and will promptly  notify the Principal Investigator of any situations that arise which fall under these standard conditions. |
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| **[ ]**  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. |
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| **[ ]**  I certify that I have reviewed the humane endpoints in this proposal and are competent to assess the animal's  well-being. |
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 **G4. SKILLS AND EXPERIENCE**

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| With respect to **THIS PROTOCOL ONLY**, please indicate the species with which you will be working and indicate which skills are 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: |
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| 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.) |
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| 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: |
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| Please complete the researcher techniques checklist below. All applicable techniques that will be used in this protocol should be completed with appropriate skills, experience, and training information. **Blank checklists will not be accepted.** |
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| Techniques | Current Skills | List length of experience | Training Needed | Species Applicable To (list all) |
| Direct Handling  | **[ ]**  |       | **[ ]**  |  |
| Passive Handling (Training; Stimulus Control) | **[ ]**  |       | **[ ]**  |  |
| Restraint | **[ ]**  |       | **[ ]**  |  |
| Oral Gavage | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Injections** |
| Intramuscular | **[ ]**  |       | **[ ]**  |  |
| Subcutaneous | **[ ]**  |       | **[ ]**  |  |
| Intraperitoneal | **[ ]**  |       | **[ ]**  |  |
| Intracardiac | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Blood Collection** |
| Tail vein | **[ ]**  |       | **[ ]**  |  |
| Facial (maxillary) vein | **[ ]**  |       | **[ ]**  |  |
| Saphenous vein | **[ ]**  |       | **[ ]**  |  |
| Orbital sinus/plexus | **[ ]**  |       | **[ ]**  |  |
| Cardiac puncture | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Identification** |
| Ear tagging | **[ ]**  |       | **[ ]**  |  |
| Ear notch | **[ ]**  |       | **[ ]**  |  |
| Microchip | **[ ]**  |       | **[ ]**  |  |
| Dart/roto tag | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Anesthesia** |
| Injectable | **[ ]**  |       | **[ ]**  |  |
| Volatile | **[ ]**  |       | **[ ]**  |  |
| Aseptic technique | **[ ]**  |       | **[ ]**  |  |
| Post-surgical care | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Euthanasia**  |
| CO2 | **[ ]**  |       | **[ ]**  |  |
| Decapitation | **[ ]**  |       | **[ ]**  |  |
| Cervical dislocation | **[ ]**  |       | **[ ]**  |  |
| Transcardial perforation | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
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### Expand this section to add 5 more Section G.

**G1. PERSONNEL INFORMATION**

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| GAI Relationship: | **[ ]** Staff **[ ]** Intern **[ ]** Volunteer **[ ]** Not Affiliated  |
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**G2. ANIMAL USE, ETHICS, AND WELFARE TRAINING**

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| **[ ]** [IACUC101: Working with the IACUC](https://forms.microsoft.com/Pages/ResponsePage.aspx?id=OWzO5TwCm02bKOD547czJdUBkBnx0FhBgLNj_YQ-XwBUNUJPTFVURkFZQ1Y2WkFEQUNVUkM4NTIzTC4u)**[ ]** [IACUC200: Research Laws and Policies](https://forms.microsoft.com/Pages/ResponsePage.aspx?id=OWzO5TwCm02bKOD547czJdUBkBnx0FhBgLNj_YQ-XwBUNUJPTFVURkFZQ1Y2WkFEQUNVUkM4NTIzTC4u)IACUC600: Working With MammalsIACUC601: Working With BirdsIACUC602: Working With ReptilesIACUC603: Working With AmphibiansIACUC604: Working With FishIACUC605: Working With Invertebrates | **[ ]**  [CITI Working with the IACUC](https://about.citiprogram.org/course/working-with-the-iacuc/)**[ ]**  [CITI Wildlife Research](https://about.citiprogram.org/course/wildlife-research/)**[ ]**  [CITI Working with Amphibians in Research Settings](https://about.citiprogram.org/course/working-with-amphibians-in-research/)**[ ]**  [CITI Working with Fish in Research Settings](https://about.citiprogram.org/course/working-with-fish-in-research-settings/)**[ ]**  [CITI Working with Reptiles in Research Settings](https://about.citiprogram.org/course/working-with-reptiles-in-research-settings/)

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| **[ ]**  Other, please describe: |
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**G3. PERSONNEL AGREEMENT**

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| **[ ]**  I have reviewed and will abide by the IACUC’s **Research 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. |
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 **G4. SKILLS AND EXPERIENCE**

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| With respect to **THIS PROTOCOL ONLY**, please indicate the species with which you will be working and indicate which skills are 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: |
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|  |       |
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| 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.) |
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|  |       |
|  |  |
| 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: |
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| Please complete the researcher techniques checklist below. All applicable techniques that will be used in this protocol should be completed with appropriate skills, experience, and training information. **Blank checklists will not be accepted.** |
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| --- | --- | --- | --- | --- |
| Techniques | Current Skills | List length of experience | Training Needed | Species Applicable To (list all) |
| Direct Handling  | **[ ]**  |       | **[ ]**  |  |
| Passive Handling (Training; Stimulus Control) | **[ ]**  |       | **[ ]**  |  |
| Restraint | **[ ]**  |       | **[ ]**  |  |
| Oral Gavage | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Injections** |
| Intramuscular | **[ ]**  |       | **[ ]**  |  |
| Subcutaneous | **[ ]**  |       | **[ ]**  |  |
| Intraperitoneal | **[ ]**  |       | **[ ]**  |  |
| Intracardiac | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Blood Collection** |
| Tail vein | **[ ]**  |       | **[ ]**  |  |
| Facial (maxillary) vein | **[ ]**  |       | **[ ]**  |  |
| Saphenous vein | **[ ]**  |       | **[ ]**  |  |
| Orbital sinus/plexus | **[ ]**  |       | **[ ]**  |  |
| Cardiac puncture | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Identification** |
| Ear tagging | **[ ]**  |       | **[ ]**  |  |
| Ear notch | **[ ]**  |       | **[ ]**  |  |
| Microchip | **[ ]**  |       | **[ ]**  |  |
| Dart/roto tag | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Anesthesia** |
| Injectable | **[ ]**  |       | **[ ]**  |  |
| Volatile | **[ ]**  |       | **[ ]**  |  |
| Aseptic technique | **[ ]**  |       | **[ ]**  |  |
| Post-surgical care | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Euthanasia** |
| CO2 | **[ ]**  |       | **[ ]**  |  |
| Decapitation | **[ ]**  |       | **[ ]**  |  |
| Cervical dislocation | **[ ]**  |       | **[ ]**  |  |
| Transcardial perforation | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
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**G1. PERSONNEL INFORMATION**

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| Day Phone: |       | E-mail address: |       |
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| GAI Relationship: | **[ ]** Staff **[ ]** Intern **[ ]** Volunteer **[ ]** Not Affiliated  |
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**G2. ANIMAL USE, ETHICS, AND WELFARE TRAINING**

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| **[ ]**  Other, please describe: |
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**G3. PERSONNEL AGREEMENT**

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| **[ ]**  I have reviewed and will abide by the IACUC’s **Research Approval Standard Conditions** and will promptly  notify the Principal Investigator of any situations that arise which fall under these standard conditions. |
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| **[ ]**  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. |
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 **G4. SKILLS AND EXPERIENCE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| With respect to **THIS PROTOCOL ONLY**, please indicate the species with which you will be working and indicate which skills are needed to perform the study in which you are ALREADY PROFICIENT.  |
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|  |       |
|  |  |
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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: |
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| Please complete the researcher techniques checklist below. All applicable techniques that will be used in this protocol should be completed with appropriate skills, experience, and training information. **Blank checklists will not be accepted.** |
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| --- | --- | --- | --- | --- |
| Techniques | Current Skills | List length of experience | Training Needed | Species Applicable To (list all) |
| Direct Handling  | **[ ]**  |       | **[ ]**  |  |
| Passive Handling (Training; Stimulus Control) | **[ ]**  |       | **[ ]**  |  |
| Restraint | **[ ]**  |       | **[ ]**  |  |
| Oral Gavage | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Injections** |
| Intramuscular | **[ ]**  |       | **[ ]**  |  |
| Subcutaneous | **[ ]**  |       | **[ ]**  |  |
| Intraperitoneal | **[ ]**  |       | **[ ]**  |  |
| Intracardiac | **[ ]**  |       | **[ ]**  |  |
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| **Blood Collection** |
| Tail vein | **[ ]**  |       | **[ ]**  |  |
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| Orbital sinus/plexus | **[ ]**  |       | **[ ]**  |  |
| Cardiac puncture | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Identification** |
| Ear tagging | **[ ]**  |       | **[ ]**  |  |
| Ear notch | **[ ]**  |       | **[ ]**  |  |
| Microchip | **[ ]**  |       | **[ ]**  |  |
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| Other: |       |
| **Anesthesia** |
| Injectable | **[ ]**  |       | **[ ]**  |  |
| Volatile | **[ ]**  |       | **[ ]**  |  |
| Aseptic technique | **[ ]**  |       | **[ ]**  |  |
| Post-surgical care | **[ ]**  |       | **[ ]**  |  |
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| **Euthanasia** |
| CO2 | **[ ]**  |       | **[ ]**  |  |
| Decapitation | **[ ]**  |       | **[ ]**  |  |
| Cervical dislocation | **[ ]**  |       | **[ ]**  |  |
| Transcardial perforation | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
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**G1. PERSONNEL INFORMATION**

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| Day Phone: |       | E-mail address: |       |
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| GAI Relationship: | **[ ]** Staff **[ ]** Intern **[ ]** Volunteer **[ ]** Not Affiliated  |
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**G2. ANIMAL USE, ETHICS, AND WELFARE TRAINING**

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| **[ ]**  Other, please describe: |
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**G3. PERSONNEL AGREEMENT**

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| **[ ]**  I have reviewed and will abide by the IACUC’s **Research Approval Standard Conditions** and will promptly  notify the Principal Investigator of any situations that arise which fall under these standard conditions. |
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| **[ ]**  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. |
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| **[ ]**  I understand that work performed without IACUC approval may result in federally required reporting of non- compliance. |
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| **[ ]**  I certify that I have reviewed the humane endpoints in this proposal and are competent to assess the animal's  well-being. |
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 **G4. SKILLS AND EXPERIENCE**

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| With respect to **THIS PROTOCOL ONLY**, please indicate the species with which you will be working and indicate which skills are 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: |
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| 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.) |
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| 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: |
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| Please complete the researcher techniques checklist below. All applicable techniques that will be used in this protocol should be completed with appropriate skills, experience, and training information. **Blank checklists will not be accepted.** |
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| Techniques | Current Skills | List length of experience | Training Needed | Species Applicable To (list all) |
| Direct Handling  | **[ ]**  |       | **[ ]**  |  |
| Passive Handling (Training; Stimulus Control) | **[ ]**  |       | **[ ]**  |  |
| Restraint | **[ ]**  |       | **[ ]**  |  |
| Oral Gavage | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Injections** |
| Intramuscular | **[ ]**  |       | **[ ]**  |  |
| Subcutaneous | **[ ]**  |       | **[ ]**  |  |
| Intraperitoneal | **[ ]**  |       | **[ ]**  |  |
| Intracardiac | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Blood Collection** |
| Tail vein | **[ ]**  |       | **[ ]**  |  |
| Facial (maxillary) vein | **[ ]**  |       | **[ ]**  |  |
| Saphenous vein | **[ ]**  |       | **[ ]**  |  |
| Orbital sinus/plexus | **[ ]**  |       | **[ ]**  |  |
| Cardiac puncture | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Identification** |
| Ear tagging | **[ ]**  |       | **[ ]**  |  |
| Ear notch | **[ ]**  |       | **[ ]**  |  |
| Microchip | **[ ]**  |       | **[ ]**  |  |
| Dart/roto tag | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Anesthesia** |
| Injectable | **[ ]**  |       | **[ ]**  |  |
| Volatile | **[ ]**  |       | **[ ]**  |  |
| Aseptic technique | **[ ]**  |       | **[ ]**  |  |
| Post-surgical care | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Euthanasia** |
| CO2 | **[ ]**  |       | **[ ]**  |  |
| Decapitation | **[ ]**  |       | **[ ]**  |  |
| Cervical dislocation | **[ ]**  |       | **[ ]**  |  |
| Transcardial perforation | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
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**G1. PERSONNEL INFORMATION**

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| Day Phone: |       | E-mail address: |       |
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| GAI Relationship: | **[ ]** Staff **[ ]** Intern **[ ]** Volunteer **[ ]** Not Affiliated  |
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**G2. ANIMAL USE, ETHICS, AND WELFARE TRAINING**

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| **[ ]**  Other, please describe: |
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**G3. PERSONNEL AGREEMENT**

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| **[ ]**  I understand that work performed without IACUC approval may result in federally required reporting of non- compliance. |
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| **[ ]**  I certify that I have reviewed the humane endpoints in this proposal and are competent to assess the animal's  well-being. |
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 **G4. SKILLS AND EXPERIENCE**

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| 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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|  |       |
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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.) |
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| 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: |
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| Please complete the researcher techniques checklist below. All applicable techniques that will be used in this protocol should be completed with appropriate skills, experience, and training information. **Blank checklists will not be accepted.** |
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| --- | --- | --- | --- | --- |
| Techniques | Current Skills | List length of experience | Training Needed | Species Applicable To (list all) |
| Direct Handling  | **[ ]**  |       | **[ ]**  |  |
| Passive Handling (Training; Stimulus Control) | **[ ]**  |       | **[ ]**  |  |
| Restraint | **[ ]**  |       | **[ ]**  |  |
| Oral Gavage | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Injections** |
| Intramuscular | **[ ]**  |       | **[ ]**  |  |
| Subcutaneous | **[ ]**  |       | **[ ]**  |  |
| Intraperitoneal | **[ ]**  |       | **[ ]**  |  |
| Intracardiac | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Blood Collection** |
| Tail vein | **[ ]**  |       | **[ ]**  |  |
| Facial (maxillary) vein | **[ ]**  |       | **[ ]**  |  |
| Saphenous vein | **[ ]**  |       | **[ ]**  |  |
| Orbital sinus/plexus | **[ ]**  |       | **[ ]**  |  |
| Cardiac puncture | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Identification** |
| Ear tagging | **[ ]**  |       | **[ ]**  |  |
| Ear notch | **[ ]**  |       | **[ ]**  |  |
| Microchip | **[ ]**  |       | **[ ]**  |  |
| Dart/roto tag | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Anesthesia** |
| Injectable | **[ ]**  |       | **[ ]**  |  |
| Volatile | **[ ]**  |       | **[ ]**  |  |
| Aseptic technique | **[ ]**  |       | **[ ]**  |  |
| Post-surgical care | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Euthanasia** |
| CO2 | **[ ]**  |       | **[ ]**  |  |
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| Cervical dislocation | **[ ]**  |       | **[ ]**  |  |
| Transcardial perforation | **[ ]**  |       | **[ ]**  |  |
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**G1. PERSONNEL INFORMATION**

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| Day Phone: |       | E-mail address: |       |
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| GAI Relationship: | **[ ]** Staff **[ ]** Intern **[ ]** Volunteer **[ ]** Not Affiliated  |
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**G2. ANIMAL USE, ETHICS, AND WELFARE TRAINING**

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| **[ ]**  Other, please describe: |
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**G3. PERSONNEL AGREEMENT**

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 **G4. SKILLS AND EXPERIENCE**

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|  |       |
|  |  |
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|  |       |
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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.) |
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|  |  |
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| --- | --- | --- | --- | --- |
| Techniques | Current Skills | List length of experience | Training Needed | Species Applicable To (list all) |
| Direct Handling  | **[ ]**  |       | **[ ]**  |  |
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| Restraint | **[ ]**  |       | **[ ]**  |  |
| Oral Gavage | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Injections** |
| Intramuscular | **[ ]**  |       | **[ ]**  |  |
| Subcutaneous | **[ ]**  |       | **[ ]**  |  |
| Intraperitoneal | **[ ]**  |       | **[ ]**  |  |
| Intracardiac | **[ ]**  |       | **[ ]**  |  |
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| **Blood Collection** |
| Tail vein | **[ ]**  |       | **[ ]**  |  |
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| Saphenous vein | **[ ]**  |       | **[ ]**  |  |
| Orbital sinus/plexus | **[ ]**  |       | **[ ]**  |  |
| Cardiac puncture | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Identification** |
| Ear tagging | **[ ]**  |       | **[ ]**  |  |
| Ear notch | **[ ]**  |       | **[ ]**  |  |
| Microchip | **[ ]**  |       | **[ ]**  |  |
| Dart/roto tag | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Anesthesia** |
| Injectable | **[ ]**  |       | **[ ]**  |  |
| Volatile | **[ ]**  |       | **[ ]**  |  |
| Aseptic technique | **[ ]**  |       | **[ ]**  |  |
| Post-surgical care | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Euthanasia** |
| CO2 | **[ ]**  |       | **[ ]**  |  |
| Decapitation | **[ ]**  |       | **[ ]**  |  |
| Cervical dislocation | **[ ]**  |       | **[ ]**  |  |
| Transcardial perforation | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
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### Expand this section to add 5 more Section G.

**G1. PERSONNEL INFORMATION**

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| GAI Relationship: | **[ ]** Staff **[ ]** Intern **[ ]** Volunteer **[ ]** Not Affiliated  |
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**G2. ANIMAL USE, ETHICS, AND WELFARE TRAINING**

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| **[ ]**  Other, please describe: |
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**G3. PERSONNEL AGREEMENT**

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| **[ ]**  I certify that I have reviewed the humane endpoints in this proposal and are competent to assess the animal's  well-being. |
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 **G4. SKILLS AND EXPERIENCE**

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| With respect to **THIS PROTOCOL ONLY**, please indicate the species with which you will be working and indicate which skills are 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: |
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| 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.) |
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| 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: |
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| Please complete the researcher techniques checklist below. All applicable techniques that will be used in this protocol should be completed with appropriate skills, experience, and training information. **Blank checklists will not be accepted.** |
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| Techniques | Current Skills | List length of experience | Training Needed | Species Applicable To (list all) |
| Direct Handling  | **[ ]**  |       | **[ ]**  |  |
| Passive Handling (Training; Stimulus Control) | **[ ]**  |       | **[ ]**  |  |
| Restraint | **[ ]**  |       | **[ ]**  |  |
| Oral Gavage | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Injections** |
| Intramuscular | **[ ]**  |       | **[ ]**  |  |
| Subcutaneous | **[ ]**  |       | **[ ]**  |  |
| Intraperitoneal | **[ ]**  |       | **[ ]**  |  |
| Intracardiac | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Blood Collection** |
| Tail vein | **[ ]**  |       | **[ ]**  |  |
| Facial (maxillary) vein | **[ ]**  |       | **[ ]**  |  |
| Saphenous vein | **[ ]**  |       | **[ ]**  |  |
| Orbital sinus/plexus | **[ ]**  |       | **[ ]**  |  |
| Cardiac puncture | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Identification** |
| Ear tagging | **[ ]**  |       | **[ ]**  |  |
| Ear notch | **[ ]**  |       | **[ ]**  |  |
| Microchip | **[ ]**  |       | **[ ]**  |  |
| Dart/roto tag | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Anesthesia** |
| Injectable | **[ ]**  |       | **[ ]**  |  |
| Volatile | **[ ]**  |       | **[ ]**  |  |
| Aseptic technique | **[ ]**  |       | **[ ]**  |  |
| Post-surgical care | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Euthanasia** |
| CO2 | **[ ]**  |       | **[ ]**  |  |
| Decapitation | **[ ]**  |       | **[ ]**  |  |
| Cervical dislocation | **[ ]**  |       | **[ ]**  |  |
| Transcardial perforation | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
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**G1. PERSONNEL INFORMATION**

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| Name: |       | Institution/Department: |       |
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| Day Phone: |       | E-mail address: |       |
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| GAI Relationship: | **[ ]** Staff **[ ]** Intern **[ ]** Volunteer **[ ]** Not Affiliated  |
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**G2. ANIMAL USE, ETHICS, AND WELFARE TRAINING**

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| During the review of this protocol, the IACUC will determine what trainings are required for participation under this protocol, based on your previous experience. Please check the trainings that you have already been completed: |
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| **[ ]** [IACUC101: Working with the IACUC](https://forms.microsoft.com/Pages/ResponsePage.aspx?id=OWzO5TwCm02bKOD547czJdUBkBnx0FhBgLNj_YQ-XwBUNUJPTFVURkFZQ1Y2WkFEQUNVUkM4NTIzTC4u)**[ ]** [IACUC200: Research Laws and Policies](https://forms.microsoft.com/Pages/ResponsePage.aspx?id=OWzO5TwCm02bKOD547czJdUBkBnx0FhBgLNj_YQ-XwBUNUJPTFVURkFZQ1Y2WkFEQUNVUkM4NTIzTC4u)IACUC600: Working With MammalsIACUC601: Working With BirdsIACUC602: Working With ReptilesIACUC603: Working With AmphibiansIACUC604: Working With FishIACUC605: Working With Invertebrates | **[ ]**  [CITI Working with the IACUC](https://about.citiprogram.org/course/working-with-the-iacuc/)**[ ]**  [CITI Wildlife Research](https://about.citiprogram.org/course/wildlife-research/)**[ ]**  [CITI Working with Amphibians in Research Settings](https://about.citiprogram.org/course/working-with-amphibians-in-research/)**[ ]**  [CITI Working with Fish in Research Settings](https://about.citiprogram.org/course/working-with-fish-in-research-settings/)**[ ]**  [CITI Working with Reptiles in Research Settings](https://about.citiprogram.org/course/working-with-reptiles-in-research-settings/)

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| **[ ]**  Other, please describe: |
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**G3. PERSONNEL AGREEMENT**

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| **[ ]**  I have reviewed and will abide by the IACUC’s **Research Approval Standard Conditions** and will promptly  notify the Principal Investigator of any situations that arise which fall under these standard conditions. |
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| **[ ]**  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. |
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| **[ ]**  I understand that work performed without IACUC approval may result in federally required reporting of non- compliance. |
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| **[ ]**  I certify that I have reviewed the humane endpoints in this proposal and are competent to assess the animal's  well-being. |
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 **G4. SKILLS AND EXPERIENCE**

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| Techniques | Current Skills | List length of experience | Training Needed | Species Applicable To (list all) |
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| Passive Handling (Training; Stimulus Control) | **[ ]**  |       | **[ ]**  |  |
| Restraint | **[ ]**  |       | **[ ]**  |  |
| Oral Gavage | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Injections** |
| Intramuscular | **[ ]**  |       | **[ ]**  |  |
| Subcutaneous | **[ ]**  |       | **[ ]**  |  |
| Intraperitoneal | **[ ]**  |       | **[ ]**  |  |
| Intracardiac | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Blood Collection** |
| Tail vein | **[ ]**  |       | **[ ]**  |  |
| Facial (maxillary) vein | **[ ]**  |       | **[ ]**  |  |
| Saphenous vein | **[ ]**  |       | **[ ]**  |  |
| Orbital sinus/plexus | **[ ]**  |       | **[ ]**  |  |
| Cardiac puncture | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Identification** |
| Ear tagging | **[ ]**  |       | **[ ]**  |  |
| Ear notch | **[ ]**  |       | **[ ]**  |  |
| Microchip | **[ ]**  |       | **[ ]**  |  |
| Dart/roto tag | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Anesthesia** |
| Injectable | **[ ]**  |       | **[ ]**  |  |
| Volatile | **[ ]**  |       | **[ ]**  |  |
| Aseptic technique | **[ ]**  |       | **[ ]**  |  |
| Post-surgical care | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Euthanasia** |
| CO2 | **[ ]**  |       | **[ ]**  |  |
| Decapitation | **[ ]**  |       | **[ ]**  |  |
| Cervical dislocation | **[ ]**  |       | **[ ]**  |  |
| Transcardial perforation | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
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**G1. PERSONNEL INFORMATION**

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| Day Phone: |       | E-mail address: |       |
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| GAI Relationship: | **[ ]** Staff **[ ]** Intern **[ ]** Volunteer **[ ]** Not Affiliated  |
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**G2. ANIMAL USE, ETHICS, AND WELFARE TRAINING**

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| **[ ]**  Other, please describe: |
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**G3. PERSONNEL AGREEMENT**

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| **[ ]**  I have reviewed and will abide by the IACUC’s **Research Approval Standard Conditions** and will promptly  notify the Principal Investigator of any situations that arise which fall under these standard conditions. |
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| **[ ]**  I certify that I have reviewed the humane endpoints in this proposal and are competent to assess the animal's  well-being. |
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 **G4. SKILLS AND EXPERIENCE**

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| With respect to **THIS PROTOCOL ONLY**, please indicate the species with which you will be working and indicate which skills are needed to perform the study in which you are ALREADY PROFICIENT.  |
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|  |       |
|  |  |
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|  |       |
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|  |  |
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| --- | --- | --- | --- | --- |
| Techniques | Current Skills | List length of experience | Training Needed | Species Applicable To (list all) |
| Direct Handling  | **[ ]**  |       | **[ ]**  |  |
| Passive Handling (Training; Stimulus Control) | **[ ]**  |       | **[ ]**  |  |
| Restraint | **[ ]**  |       | **[ ]**  |  |
| Oral Gavage | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Injections** |
| Intramuscular | **[ ]**  |       | **[ ]**  |  |
| Subcutaneous | **[ ]**  |       | **[ ]**  |  |
| Intraperitoneal | **[ ]**  |       | **[ ]**  |  |
| Intracardiac | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Blood Collection** |
| Tail vein | **[ ]**  |       | **[ ]**  |  |
| Facial (maxillary) vein | **[ ]**  |       | **[ ]**  |  |
| Saphenous vein | **[ ]**  |       | **[ ]**  |  |
| Orbital sinus/plexus | **[ ]**  |       | **[ ]**  |  |
| Cardiac puncture | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Identification** |
| Ear tagging | **[ ]**  |       | **[ ]**  |  |
| Ear notch | **[ ]**  |       | **[ ]**  |  |
| Microchip | **[ ]**  |       | **[ ]**  |  |
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| Other: |       |
| **Anesthesia** |
| Injectable | **[ ]**  |       | **[ ]**  |  |
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| Aseptic technique | **[ ]**  |       | **[ ]**  |  |
| Post-surgical care | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Euthanasia** |
| CO2 | **[ ]**  |       | **[ ]**  |  |
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| Cervical dislocation | **[ ]**  |       | **[ ]**  |  |
| Transcardial perforation | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
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**G1. PERSONNEL INFORMATION**

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| Name: |       | Institution/Department: |       |
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| Day Phone: |       | E-mail address: |       |
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| GAI Relationship: | **[ ]** Staff **[ ]** Intern **[ ]** Volunteer **[ ]** Not Affiliated  |
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**G2. ANIMAL USE, ETHICS, AND WELFARE TRAINING**

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| **[ ]**  Other, please describe: |
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**G3. PERSONNEL AGREEMENT**

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 **G4. SKILLS AND EXPERIENCE**

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| Oral Gavage | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Injections** |
| Intramuscular | **[ ]**  |       | **[ ]**  |  |
| Subcutaneous | **[ ]**  |       | **[ ]**  |  |
| Intraperitoneal | **[ ]**  |       | **[ ]**  |  |
| Intracardiac | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Blood Collection** |
| Tail vein | **[ ]**  |       | **[ ]**  |  |
| Facial (maxillary) vein | **[ ]**  |       | **[ ]**  |  |
| Saphenous vein | **[ ]**  |       | **[ ]**  |  |
| Orbital sinus/plexus | **[ ]**  |       | **[ ]**  |  |
| Cardiac puncture | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Identification** |
| Ear tagging | **[ ]**  |       | **[ ]**  |  |
| Ear notch | **[ ]**  |       | **[ ]**  |  |
| Microchip | **[ ]**  |       | **[ ]**  |  |
| Dart/roto tag | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Anesthesia** |
| Injectable | **[ ]**  |       | **[ ]**  |  |
| Volatile | **[ ]**  |       | **[ ]**  |  |
| Aseptic technique | **[ ]**  |       | **[ ]**  |  |
| Post-surgical care | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Euthanasia** |
| CO2 | **[ ]**  |       | **[ ]**  |  |
| Decapitation | **[ ]**  |       | **[ ]**  |  |
| Cervical dislocation | **[ ]**  |       | **[ ]**  |  |
| Transcardial perforation | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
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**G1. PERSONNEL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- |
| Name: |       | Institution/Department: |       |
|  |  |  |  |
| Day Phone: |       | E-mail address: |       |
|  |  |  |  |
| GAI Relationship: | **[ ]** Staff **[ ]** Intern **[ ]** Volunteer **[ ]** Not Affiliated  |
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**G2. ANIMAL USE, ETHICS, AND WELFARE TRAINING**

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| During the review of this protocol, the IACUC will determine what trainings are required for participation under this protocol, based on your previous experience. Please check the trainings that you have already been completed: |
|  |  |
| **[ ]** [IACUC101: Working with the IACUC](https://forms.microsoft.com/Pages/ResponsePage.aspx?id=OWzO5TwCm02bKOD547czJdUBkBnx0FhBgLNj_YQ-XwBUNUJPTFVURkFZQ1Y2WkFEQUNVUkM4NTIzTC4u)**[ ]** [IACUC200: Research Laws and Policies](https://forms.microsoft.com/Pages/ResponsePage.aspx?id=OWzO5TwCm02bKOD547czJdUBkBnx0FhBgLNj_YQ-XwBUNUJPTFVURkFZQ1Y2WkFEQUNVUkM4NTIzTC4u)IACUC600: Working With MammalsIACUC601: Working With BirdsIACUC602: Working With ReptilesIACUC603: Working With AmphibiansIACUC604: Working With FishIACUC605: Working With Invertebrates | **[ ]**  [CITI Working with the IACUC](https://about.citiprogram.org/course/working-with-the-iacuc/)**[ ]**  [CITI Wildlife Research](https://about.citiprogram.org/course/wildlife-research/)**[ ]**  [CITI Working with Amphibians in Research Settings](https://about.citiprogram.org/course/working-with-amphibians-in-research/)**[ ]**  [CITI Working with Fish in Research Settings](https://about.citiprogram.org/course/working-with-fish-in-research-settings/)**[ ]**  [CITI Working with Reptiles in Research Settings](https://about.citiprogram.org/course/working-with-reptiles-in-research-settings/)

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| --- |
| **[ ]**  Other, please describe: |
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**G3. PERSONNEL AGREEMENT**

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| **[ ]**  I have reviewed and will abide by the IACUC’s **Research 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. |
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 **G4. SKILLS AND EXPERIENCE**

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| With respect to **THIS PROTOCOL ONLY**, please indicate the species with which you will be working and indicate which skills are 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: |
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|  |       |
|  |  |
| 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: |
|  |  |
|  |       |
|  |  |
| 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.) |
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|  |       |
|  |  |
| 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: |
|  |  |
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| Please complete the researcher techniques checklist below. All applicable techniques that will be used in this protocol should be completed with appropriate skills, experience, and training information. **Blank checklists will not be accepted.** |
|  |
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| --- | --- | --- | --- | --- |
| Techniques | Current Skills | List length of experience | Training Needed | Species Applicable To (list all) |
| Direct Handling  | **[ ]**  |       | **[ ]**  |  |
| Passive Handling (Training; Stimulus Control) | **[ ]**  |       | **[ ]**  |  |
| Restraint | **[ ]**  |       | **[ ]**  |  |
| Oral Gavage | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Injections** |
| Intramuscular | **[ ]**  |       | **[ ]**  |  |
| Subcutaneous | **[ ]**  |       | **[ ]**  |  |
| Intraperitoneal | **[ ]**  |       | **[ ]**  |  |
| Intracardiac | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Blood Collection** |
| Tail vein | **[ ]**  |       | **[ ]**  |  |
| Facial (maxillary) vein | **[ ]**  |       | **[ ]**  |  |
| Saphenous vein | **[ ]**  |       | **[ ]**  |  |
| Orbital sinus/plexus | **[ ]**  |       | **[ ]**  |  |
| Cardiac puncture | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Identification** |
| Ear tagging | **[ ]**  |       | **[ ]**  |  |
| Ear notch | **[ ]**  |       | **[ ]**  |  |
| Microchip | **[ ]**  |       | **[ ]**  |  |
| Dart/roto tag | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Anesthesia** |
| Injectable | **[ ]**  |       | **[ ]**  |  |
| Volatile | **[ ]**  |       | **[ ]**  |  |
| Aseptic technique | **[ ]**  |       | **[ ]**  |  |
| Post-surgical care | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
| **Euthanasia** |
| CO2 | **[ ]**  |       | **[ ]**  |  |
| Decapitation | **[ ]**  |       | **[ ]**  |  |
| Cervical dislocation | **[ ]**  |       | **[ ]**  |  |
| Transcardial perforation | **[ ]**  |       | **[ ]**  |  |
| Other: |       |
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