

**UNIVERSITY OF DENVER  
PERSONNEL QUALIFICATIONS TO PERFORM ANIMAL RESEARCH**

Please complete one form for **EACH INDIVIDUAL** named on the protocol. **Please type.**

<b>EMPLOYEE NAME</b>			
EMPLOYEE ID NUMBER	EMPLOYEE E-MAIL ADDRESS	DU/ERI	PHONE
ANIMAL USE LOCATION		DEPARTMENT AFFILIATION	
PRINCIPAL INVESTIGATOR	PI E-MAIL ADDRESS	DU/ERI	PHONE
PROTOCOL NUMBER(S) FOR PROTOCOLS WITH WHICH THIS EMPLOYEE IS ASSOCIATED			

**I perform no animal procedures or manipulations**

FORMAL EDUCATION AND / TRAINING:		
Degree(s) Earned:	Date(s):	Institution(s):
Certifications:		
AALAS /Vet Tech	<input type="checkbox"/> Specify:	
Other	<input type="checkbox"/> Specify:	

COURSEWORK RELATED TO ANIMAL CARE & USE:		
D.U. Courses	<input type="checkbox"/> <i>Handling &amp; Restraint</i>	<input type="checkbox"/> <i>Anesthesia</i>
	<input type="checkbox"/> <i>Aseptic Techniques</i>	<input type="checkbox"/> <i>Suture Techniques</i>
Other	<input type="checkbox"/> Specify:	

OCCUPATIONAL HEALTH (CHECK THE APPROPRIATE STATEMENT):
<input type="checkbox"/> I am involved in experiments which use only frogs.
<input type="checkbox"/> I am involved in experiments which use only fish.
<input type="checkbox"/> <b>I perform no animal procedures or manipulations.</b>

Complete the table on the following page to detail the procedures you will perform on live animals.

**NAME:** \_\_\_\_\_

Describe your experience in the following procedures, or your plans for training. Please attach additional sheets as needed.

Procedure	Species	Method / Route	Amount of Experience	Required Training: By Whom / How
<b>Administering Injections</b>	Mice / Rats			
	Other (specify):			
<b>Blood Collection</b>	Mice / Rats			
	Other (specify):			
<b>Anesthesia</b>	Mice / Rats			
	Other (specify):			
<b>Euthanasia</b>	Mice / Rats			
	Other (specify):			
<b>Restraint and Handling (Specify devices/methods in Route column)</b>	Mice / Rats			
	Other (specify):			
<b>Sterile Surgery (List specific procedures in Method column)</b>	Mice / Rats			
	Other (specify):			
<b>Non-sterile Surgery (List specific procedures in Method column )</b>	Mice / Rats			
	Other (specify):			
<b>Animal ID (e.g., toe clip, ear punch, microchip, etc.)</b>	Mice / Rats			
	Other (specify):			
<b>Other (Describe procedures in the Method column)</b>	Mice / Rats			
	Other (specify):			

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.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

I certify that I will ensure the above individual is competent in the procedures before allowing him/her to perform these manipulations on live animals.

\_\_\_\_\_  
Principal Investigator's Signature

\_\_\_\_\_  
Date