SECTION G

# PERSONNEL QUALIFICATIONS FORM (PQF)

Duplicate for each individual listed in Section A.3. Role Delineation on the Application for Animal Use.

## G.1. Personnel Information

### Table G.1.A. Personnel

To add additional personnel, click on the **+** at the end of the chart.

| PERSONNEL INFORMATION | |
| --- | --- |
| Name (Last, First): | Click here to enter text., Click here to enter text. |
| DU ID#: |  |
| Date of This Form: | Click here to enter a date. |
| Dept./Division: | Click here to enter text. |
| Contact Phone #: |  |
| Email Address: | Click here to enter text. |
| Highest Degree Earned: | Click here to enter text. |
| If ‘OTHER’ please specify: | Click here to enter text. |
| DU Relationship: | faculty  not paid by DU  permanent staff  post-doc  student temporary staff  visiting scientist |
| PI for This Activity: | Click here to enter text. |
| PI Statement: | This individual WILL NOT HAVE animal contact. (No further information is required. Training is still required.)  This individual WILL HAVE animal contact. (Complete the remainder of this form.) |
| Training Completed: Please check those trainings which have been completed: | |
|  | Animal Facility Orientation (req. only for new animal workers) |
|  | Occupational Health Review Form (Annual Medical Survey) |
|  | CITI Laboratory Animal Training (Annual refresher) |
|  | CO2 Euthanasia Training |
|  | Environmental Health and Safety Training |

## G.2. Personnel Agreement

Check each box that is applicable to confirm agreement and sign at the end of this section. The agreement may be signed electrically as part of this form or a printed copy may be signed, scanned, and attached.

I will perform my duties in accordance with the PHS Policy on Humane Care and Use of Laboratory Animals, USDA regulations (9 CFR Parts 1, 2, 3), the Federal Animal Welfare Act (7 USC 2131 et. Seq.), and the *Guide for the Care and Use of Laboratory Animals*.

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 have enrolled in an Occupational Health & Safety Program. (**NOTE:** The [Occupational Health Review Form](http://www.du.edu/ehs/forms/index.html); participation in an Occupational Health Program is mandatory).

I will confirm that IACUC approval has been received before initiating any changes in the study design or procedures.

I will promptly notify the PI regarding any unexpected study results that negatively impact the welfare of the animals.

I have completed all the required Animal Handler training and education. (Please contact Research Compliance with questions.)

I will notify the Attending Veterinarian and Animal Facility Director when unanticipated pain or distress, unexpected morbidity, or unanticipated mortality occurs with animals that are under my control.

I understand that work performed without IACUC approval may result in federally-required reporting of non-compliance.

Personnel Signature: Click here to enter text., Click here to enter text.

Date: Click here to enter a date.

## G.3. Skills and Experience

Please indicate species with which you will be working and check the appropriate boxes for each of those species. Specify the skills in which you are ALREADY PROFICIENT and for skills in which you will receive training. To list skills for more than three species, the table can be replicated.

### Table G.3.A. Skills and Experience

**NOTE:** If the actual training month/day is unknown, then use ‘07/01’ and the year of the training.

To add additional species, click on the **+** at the end of the chart.

| TECHNIQUES | SPECIES | | | SPECIES | | | SPECIES | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Click here to enter text. | | | Click here to enter text. | | | Click here to enter text. | | |
| Current Skills | Most Recent Training | Training Needed | Current Skills | Most Recent Training | Training Needed | Current Skills | Most Recent Training | Training Needed |
| Handling & Restraint |  | Click here to enter a date. |  |  | Click here to enter a date. |  |  | Click here to enter a date. |  |
| Oral Gavage |  | Click here to enter a date. |  |  | Click here to enter a date. |  |  | Click here to enter a date. |  |
| INJECTIONS | | | | | | | | | |
| Intravenous |  | Click here to enter a date. |  |  | Click here to enter a date. |  |  | Click here to enter a date. |  |
| Intramuscular |  | Click here to enter a date. |  |  | Click here to enter a date. |  |  | Click here to enter a date. |  |
| Subcutaneous |  | Click here to enter a date. |  |  | Click here to enter a date. |  |  | Click here to enter a date. |  |
| Intraperitoneal |  | Click here to enter a date. |  |  | Click here to enter a date. |  |  | Click here to enter a date. |  |
| Intracardiac |  | Click here to enter a date. |  |  | Click here to enter a date. |  |  | Click here to enter a date. |  |
| BLOOD COLLECTION | | | | | | | | | |
| Tail Vein |  | Click here to enter a date. |  |  | Click here to enter a date. |  |  | Click here to enter a date. |  |
| Jugular Vein |  | Click here to enter a date. |  |  | Click here to enter a date. |  |  | Click here to enter a date. |  |
| Leg Veins |  | Click here to enter a date. |  |  | Click here to enter a date. |  |  | Click here to enter a date. |  |
| Maxillary Vein |  | Click here to enter a date. |  |  | Click here to enter a date. |  |  | Click here to enter a date. |  |
| Saphenous Vein |  | Click here to enter a date. |  |  | Click here to enter a date. |  |  | Click here to enter a date. |  |
| Ant. Vena Cana |  | Click here to enter a date. |  |  | Click here to enter a date. |  |  | Click here to enter a date. |  |
| Orbital Sinus |  | Click here to enter a date. |  |  | Click here to enter a date. |  |  | Click here to enter a date. |  |
| Cardiac Puncture |  | Click here to enter a date. |  |  | Click here to enter a date. |  |  | Click here to enter a date. |  |
| Cutdowns |  | Click here to enter a date. |  |  | Click here to enter a date. |  |  | Click here to enter a date. |  |
| ANESTHESIA | | | | | | | | | |
| Barbituates |  | Click here to enter a date. |  |  | Click here to enter a date. |  |  | Click here to enter a date. |  |
| Neuroleptics |  | Click here to enter a date. |  |  | Click here to enter a date. |  |  | Click here to enter a date. |  |
| Volatiles |  | Click here to enter a date. |  |  | Click here to enter a date. |  |  | Click here to enter a date. |  |
| Aseptic Technique |  | Click here to enter a date. |  |  | Click here to enter a date. |  |  | Click here to enter a date. |  |
| Post Surgical Care |  | Click here to enter a date. |  |  | Click here to enter a date. |  |  | Click here to enter a date. |  |
| EUTHANASIA |  | | | | | | | | |
| CO2 |  | Click here to enter a date. |  |  | Click here to enter a date. |  |  | Click here to enter a date. |  |
| Inhalation |  | Click here to enter a date. |  |  | Click here to enter a date. |  |  | Click here to enter a date. |  |
| Injectables |  | Click here to enter a date. |  |  | Click here to enter a date. |  |  | Click here to enter a date. |  |
| Decapitation |  | Click here to enter a date. |  |  | Click here to enter a date. |  |  | Click here to enter a date. |  |
| Cerv. Dislocation |  | Click here to enter a date. |  |  | Click here to enter a date. |  |  | Click here to enter a date. |  |
| Click here to enter text. |  | Click here to enter a date. |  |  | Click here to enter a date. |  |  | Click here to enter a date. |  |
| SECONDARY METHOD | | | | | | | | | |
| Bilat. Thoracot. |  | Click here to enter a date. |  |  | Click here to enter a date. |  |  | Click here to enter a date. |  |
| Decapitation |  | Click here to enter a date. |  |  | Click here to enter a date. |  |  | Click here to enter a date. |  |
| Organ Removal |  | Click here to enter a date. |  |  | Click here to enter a date. |  |  | Click here to enter a date. |  |

G.3.1. Please describe any formal training that you have received related to the use of laboratory animals. Include the institution, approximate dates, and a brief description of the training content:

Click here to enter text.

G.3.2. 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.)

Click here to enter text.

G.3.3. 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.

Click here to enter text.