**This form is to be completed by the Animal Use Facility. Submit electronically to the Research Ethics Office (**[**reoffice@ualberta.ca**](mailto:reoffice@ualberta.ca) **).**

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| --- | --- | --- | --- | --- | --- |
| **ANIMAL USER DETAILS** | | | | | |
| **NAME:** | | | **AUP #:** | | |
| **PRINCIPAL INVESTIGATOR:** | | | **CCID:** | | |
| **CAMPUS ADDRESS:** | | | **CAMPUS PHONE NO:** | | |
| **CAMPUS EMAIL:** | | | **SPECIES:** | | |
| **POSITION ON PROTOCOL:** *(Indicate duties, role using check boxes and/or “other” field below)* | | | | | |
| Animal Care | Surgical duties | Breeding | | Injections | Blood sampling techniques |
| **OTHER (specify):** | | | | | |
| **TECHNIQUES COMPETENCY:** | | | | | |
| **EVALUATION RECOMENDATION**  MUST WORK WITH SUPERVISION ONLY  CAN BE & WILL BE LEFT UNSUPERVISED | | | | | |

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|  |  |  |  |  |
| **SIGNATURE OF TRAINER** |  | **PRINTED NAME** |  | **DATE** |
|  |  |  |  |  |
| **SIGNATURE OF PRINCIPAL INVESTIGATOR** |  | **PRINTED NAME** |  | **DATE** |
|  |  |  |  |  |
| Choose an item. |  | **PRINTED NAME** |  | **DATE** |