



## Animal Research Training Request Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Role in Project: \_\_\_\_\_

UNTHSC Email: \_\_\_\_\_

Phone: \_\_\_\_\_ After- Hours Phone: \_\_\_\_\_

PI Name: \_\_\_\_\_ Department: \_\_\_\_\_

Email: \_\_\_\_\_

Protocol Numbers: \_\_\_\_\_

Required CITI Training Completed:      Yes      No

*Instructions for completing the required CITI training can be found here:*

[https://www.unthsc.edu/research/wp-content/uploads/sites/21/Instructions\\_for\\_CITI\\_2013.pdf](https://www.unthsc.edu/research/wp-content/uploads/sites/21/Instructions_for_CITI_2013.pdf)

Medical Health Questionnaire Submitted to our Occupational Health Nurse:      Yes      No

<https://www.unthsc.edu/research/wp-content/uploads/sites/21/Medical-History-Questionnaire-Form-2015.pdf>

### Check Box of training you wish to sign up for:

*Please note that it is required for all animal users to take the DLAM Policy & Facility Training.*

- ☐ **DLAM Policy & Facility Training:** First Thursday of Each month at 1:00 pm in DLAM Office.
- ☐ **Rodent Handling & Methodology:** First Thursday of Each month at 1:30 pm in the DLAM Facility.
- ☐ **\*Aseptic Surgical Techniques (By Appointment)**
- ☐ **\*Procedural/ Specialty Training:** \_\_\_\_\_ (By Appointment)

The form must be submitted no later than three day prior to the first training date to be registered for this month's training. Please adjust your schedule to ensure you can attend the training. An e-mail confirmation for the course will be sent. Please be sure to sign in on the sign in sheet for the class to receive full credit for the course. Full credit for the DLAM Policy & Facility Training is required by all animal users, and to be added to the approved IACUC protocol.

\*Specialty Training. You will be contacted to arrange this special training.