**Training Record**

Please use this form when persons being included in AUP Application require training on procedures mentioned.

Submit to: IACUC Secretariat, (Email: iacuc@ntu.edu.sg)

1. **Details of Animal Use Protocol**

|  |  |
| --- | --- |
| **Protocol Title:**  |  |
| **IACUC Protocol No.:** |  | **Name of PI:** |  |
| **Protocol Approval Date:** |  | **Protocol Expiry Date:**  |  |

1. **Trainer(s) Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Designation:** |  |
| **Department / Institute:** |  |
| **Email:** |  | **Tel:**  |  |
| **Briefly describe trainer qualifications for this training and provide references to applicable materials:***(if trainer is not mentioned in above approved protocol, please provide trainer’s RCULAC)* |  |

*Please add on tables as necessary.*

1. **Trainee Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | **Vaccination Status** |
| Item | Name | Department / Institute | Date of training performed(dd-mmm-yyyy) | Tetanus | Hepatitis B |
| Y | \*N | Y | \*N |
| 1 |        |       |       | [ ]  | [ ]  |  [ ]  |  [ ]  |
|       |       |       |       | [ ]  | [ ]  |  [ ]  |  [ ]  |
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 \* If you indicated NO, please provide tentative date of vaccination:

1. **Procedures for training**

Please mark the procedure(s) that the trainee(s) have been trained on, in relation to the above mentioned protocol:

|  |
| --- |
| [ ]  **Analgesia Techniques**[ ]  Injectable[ ]  Oral[ ]  Spray[ ]  Topical[ ]  **Anesthesia Techniques**[ ]  **Death Confirmation**[ ]  **Euthanasia Method**[ ]  Anaesthesia overdose[ ]  Cardiac Perfusion[ ]  Cervical dislocation[ ]  CO2[ ]  Decapitation[ ]  Guillotin[ ]  Tank immersion method of fish with MS-222 or benzocaine hydrochloride[ ]  Thermal shock[ ]  **Surgical Procedures**[ ]  Cannulation/ catheterization[ ]  Castration[ ]  Creating defects[ ]  Gastronomy[ ]  Implants[ ]  Ligation[ ]  Ovariectomy[ ]  Perfusion[ ]  Rederivation[ ]  Resection[ ]  Skin grafting[ ]  Stereotaxic injections[ ]  Tissue harvesting[ ]  Vasectomy[ ]  **Others.** Please specify:  |

**E. Declaration**

By acknowledging this form, I declare that:

1. All procedures conducted by trainees are as reflected in the protocol mentioned above.
2. Trainees must have undergone training mentioned in part D before they commence procedural work on animals.
3. The animals used for training are still within the total approved/requested animals within the AUP.
4. All trainees are sufficiently vaccinated before commencing animal work.
5. All trainees have a basic RCULAC.

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|   |  |   |
| Name and Signature of PI |  | Date |

|  |  |  |
| --- | --- | --- |
|   |  |   |
| Name and Signature of Trainer*(if different from PI)* |  | Date |