**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](mailto: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.

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

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