**This form is to be completed by the Animal Use Facility. Submit electronically to the Research Ethics Office (****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** |