LIFESPAN

INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

LAB ANIMAL AND LABORATORY PROCEDURES TRAINING CERTIFICATION FORM

Name: _____ Lab: _____ Date: _____

Title / Position: _____ Phone #: _____ Pager #: _____

	Laboratory Procedures Approved for Independent Performance	Date	Trainer Name & Initials
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Signature: _____

Printed Name of Supervisor: _____ Signature: _____

Please keep this IACUC Laboratory Animal Procedures Training Certification Form available in the lab for review by Accreditation Site Visitors or IACUC and Lifespan Safety Laboratory inspection teams.