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| Salisbury University Institutional Animal Care & Use CommitteePROTOCOL SECTION: PERSONNEL QUALIFICATIONS FORM (PQF)(Duplicate for each individual listed in the protocol) |
| G1. PERSONNEL INFORMATION |
| Name (Last, First):       | SU Unique ID:       | Date of Form:       |
| Dept / Div:       | Campus Box #:       | Day Phone #:       |
| Fax #:       | Email address:       |
| Highest Degree Earned: |
| [ ]  High School | [ ]  BA / BS | [ ]  MD / DVM / VMD/ DO / DDS / RN | [ ]  Ph D / D Phil |
| [ ]  AA / AS | [ ]  MA / MS | [ ]  Other (specify):       |
| SU Relationship (Check all that apply): |
| [ ]  Faculty | [ ]  Visiting Scientist  | [ ]  Student – Graduate | [ ]  Permanent Staff | [ ]  Not Paid by SU |
| [ ]  Resident/Fellow | [ ]  Student – High S. | [ ]  Student – Undergraduate | [ ]  Temporary Staff |  |
| PI for this activity:       |
| PI Statement: | [ ]  This individual **WILL NOT HAVE** animal contact. (No further information is req.; lab training is still req.) |
| [ ]  This individual **WILL HAVE** animal contact. (Complete the remainder of this form.) |
| G2. PERSONNEL AGREEMENT |
| Check each box that is applicable to confirm agreement and sign at the end of this section. The agreement may be signed electronically as part of this form or a copy may be signed manually and sent separately from an electronically submitted protocol application. If the signed copy is mailed separately, it must be received before notification of protocol approval will be issued. |
|  | I will perform my duties in accordance with the PHS Policy on Humane Care and Use of Laboratory Animals, USDA regulations (9 CFR Parts 1, 2, 3), the Federal Animal Welfare Act (7 USC 2131 et. Seq.), and the Guide for the Care and Use of Laboratory Animals. |
|  | I have reviewed, or will review, the protocol section under which I will be performing work. I accept responsibility for conducting my work in accord with the approved protocol. |
|  | I will confirm that IACUC approval has been received before initiating any changes in the study design or procedures. |
|  | I will promptly notify the P.I. regarding any unexpected study results that negatively impact the welfare of the animals. |
|  | I will notify a DLAR veterinarian when unanticipated pain or distress, unexpected morbidity, or unanticipated mortality occurs with animals that are under my control. |
|  | I understand that work performed without IACUC approval may result in federally-required reporting of non-compliance. |
| Personnel Signature:       | Date:       |
| NOTE: Documents sent from the SU PI's 'salisbury.edu' Email address DO NOT require signatures. All other forms of submission DO require all signatures! |

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| G3. SKILLS AND EXPERIENCE |
| With respect to THIS PROTOCOL ONLY, please indicate species with which you will be working and check the appropriate boxes for each of those species to specify skills in which you are ALREADY PROFICIENT and skills in which you will receive training. To list skills for more than three species, the table can be replicated. |
| Techniques | Species | Species | Species |  | Techniques | Species | Species | Species |
|  |       |       |       |  |       |       |       |
| Current Skills | Training Needed | Current Skills | Training Needed | Current Skills | Training Needed | Current Skills | Training Needed | Current Skills | Training Needed | Current Skills | Training Needed |
| Handling & Restraint  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Anesthesia |  |
| Oral Gavage  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Barbiturates | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Injections  |  | Neuroleptics | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Intravenous  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Volatiles | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Intramuscular  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Aseptic technique | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Subcutaneous  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Post-Surgical Care | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Intraperitoneal  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Euthanasia |  |
| Intracardiac  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | CO2 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Blood collection  |  | Inhalation | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Tail vein  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Injectables | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Jugular vein  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Decapitation | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Leg veins  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Cerv. dislocation | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Maxillary vein  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Secondary Method |  |
| Saphenous vein  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Bilat. Thoracot. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Ant. vena cava  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Decap. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Orbital sinus  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Organ Removal | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Cardiac puncture  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Vessel Trans. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Cutdowns | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Please describe any formal training that you have received related to the use of laboratory animals. Include the institution, approximate dates, and a brief description of the training content |
|       |
| What experience do you have that prepares you to perform the procedures and use the techniques required of you in this protocol? (Please be specific.) |
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| If training in specific skills is needed (as checked above) or if you will be engaged in procedures for which you are not presently proficient, indicate who will provide the necessary training and who will provide oversight until you have achieved proficiency. |
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