

**STATE UNIVERSITY OF NEW YORK AT POTSDAM
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE**

Appendix A - Co-Investigator, Student Researcher or Staff Member Information Sheet	Project #
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Name:	
Campus Address:	Email Address:
Role in Project: <input type="checkbox"/> Co-Investigator <input type="checkbox"/> Staff <input type="checkbox"/> Student	

Please initial next to each of the following statements and check each box that applies:

_____ I have completed the required training modules and share the responsibility to safeguard the welfare of all animals used in this project. Please check the following CITI training modules that have been completed and add the date of completion:

- Working with the IACUC _____
- Working with Amphibians _____
- Working with Fish in Research Settings _____
- Responsible Conduct of Research with Laboratory Animals _____

_____ I have reviewed the attached Safety and Training Checklist for this study.

_____ I do not have any known allergies or conditions that would interfere with my participation in this research.

By initialing next to each box and signing below I acknowledge that I have completed all the required training and have read and understand the SUNY Potsdam Institutional Animal Care and Use Policies and Procedures.

Name Date