

Training Request



Office of Research
University Laboratory Animal Resources

Name: _____ OSU ID: _____
E-mail: _____ Phone: _____
PI Name: _____ Protocol: _____ Species: _____
Animal Housing Location: _____

Names of additional lab members attending the training session:

Name: _____ OSU ID: _____
Name: _____ OSU ID: _____
Name: _____ OSU ID: _____
Name: _____ OSU ID: _____

ULAR will be happy to provide training you need free of charge.

Before you work with animals on a research protocol you must be able to answer **yes** to all five questions.

1.) Are you listed as personnel on the protocol?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.) Have you read your protocol?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.) Have you completed the Mandatory Animal Usage Orientation Class? If NO, please visit this site to register or take the course online.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		http://www.ular.osu.edu/resources/training.cfm		
4.) Are you enrolled in the Occupational Health Program? If NO, please visit this site to register.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		https://rf.osu.edu/secure/ochre/		
5.) Have you completed the Mandatory Occupational Health & Safety Training? If NO, please visit this site to complete the online training	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		http://orpp.osu.edu/animalsubjects/training.cfm		

What days of the week and times are you available?

What techniques need to be covered in this training session?

Please forward completed form to ulartraining@osu.edu or place in drop box located outside Wiseman 2025. A ULAR Trainer will contact you within 2 business days to schedule training.

ULAR Trainer Completes Portion Below

Date: _____ Training Location: _____
Time: _____ Instructor: _____