

**ANIMAL FACILITY ORIENTATION/ACCESS**

As per **CUNY** policy ALL participants involved in research activity **MUST** complete training(s) prior to accessing the facility. **\*\*This form and CITI training MUST be completed and returned to the PI for processing\*\***

**PROTOCOL INFORMATION**

Principal Investigator

IACUC Protocol Number(s)

**LAB PERSONNEL INFORMATION**

Name

Queens College or Employee Id

Role Undergrad, Graduate, Postdoc, Tech

Telephone Number

Access to Name of building and room(s)

Duration of Access semester-permanent

Student Signature

Facility Manager

Date of Completion

The above-named student is working in my laboratory under my IACUC approved protocol(s). I certify that the student has completed all required CITI modules and has received lab specific training necessary by me to work in my laboratory.

PI Signature:

Date:

**\*\*All Principal Investigators must submit this form and CITI training to the Research Compliance office so personnel can access the animal facility\*\***