



NORTHWESTERN
UNIVERSITY

Center for Comparative Medicine - Quality & Training Office
Training Request Form

Instructions: Please e-mail this completed form to Andrew Feeney, [Quality and Training Office](#)

Note: Please allow up to 48 hours to process this request.

YOU MUST HAVE COMPLETED THE FOLLOWING TO USE THIS FORM:

1. IACUC requirements:
 - a. Online training through the AALAS Learning Library (ALL)
 - b. Enrollment in the Occupational Health Safety Program (OHSP)
 - c. Approval on one of more active, Animal Study Protocols (ASPs)
2. New Research Staff Orientation (on either campus)
3. Hands-On Rodent Euthanasia Training (if working with Rodents)

If you have not completed all of the above requirements, please contact the Quality & Training Office before requesting additional training with this form.

Laboratory Information

Your Full Name:

Department:

Name of Principal Investigator:

Lab/Office Phone Number:

What date will you begin using the equipment/techniques covered by the training? (mm/dd/yy):

Additional lab members who require training (Full Name & E-mail):

1.

2.

3.

4.

Additional training Request

Select your training requirement below, indicate the Animal Study Protocol(s) (ASPs) that require the training sessions(s) you have requested. If animal handling training is required, identify the species.

Rodent Anesthesia Machine Training ASP:

For use in:

Barrier (IMPAC6)

Containment 1 (IMPAC6)

Digital X-ray (COMPAC5)

Conventional (RC2)

Containment 2 (RC2)

Training	ASP
<input type="checkbox"/> Containment Training	
<input type="checkbox"/> Controlled Substance Training	
<input type="checkbox"/> Digital X-ray Training	
<input type="checkbox"/> DVMax and Medical Records Training	
<input type="checkbox"/> Introduction to Surgery for Rodents	
<input type="checkbox"/> Introduction to Surgery for Large Animals (Rabbit, Swine, Canine, Feline, and NHP)	
<input type="checkbox"/> Quarantine Training	
<input type="checkbox"/> Surgical Sterilization Training	
<input type="checkbox"/> Ultrasound Training	
<input type="checkbox"/> Unit L Training	

Species-Specific Handling and Restraint Training	ASP
<input type="checkbox"/> <input type="text"/>	
<input type="checkbox"/> <input type="text"/>	
<input type="checkbox"/> <input type="text"/>	

Species-Specific Experimental Techniques (Substance Administration, Blood Collection, etc.)	Species	ASP
<input type="checkbox"/> <input type="text"/>		
<input type="checkbox"/> <input type="text"/>		
<input type="checkbox"/> <input type="text"/>		
<input type="checkbox"/> <input type="text"/>		
<input type="checkbox"/> <input type="text"/>		
<input type="checkbox"/> <input type="text"/>		

Do you have experience working with the listed species?

Please identify any times during a normal work week that DO NOT work for your schedule.

Additional Comments

For any technique training not listed on this request form or on the CCM website, please contact the training office at (312) 503-2758