**TRAINING ROSTER**

Please provide the names of all the individuals (including the PI) who will perform the animal procedures described in this protocol application. Include all students, post-doctoral researchers, staff research associates, post-graduate researchers and laboratory assistants who will actually work with LIVE animals. Do not include the ARC staff of the vivaria if they are only providing routine husbandry or veterinary care, but list ARC staff if they perform any of the animal procedures described on the protocol on behalf of the research team.

**It is expected that ALL protocol personnel will have read and understood the protocol prior to conducting any animal procedures**. **Further, ALL protocol personnel must complete Basic Level training prior to IACUC Protocol approval. Recertification of this training is required every three years. Basic Level training is administered through a web-based training program, Citiprogram. Instructions for completing the mandatory web-based training are provided on the** [***Training Checklist for Animal Researchers***](https://www.research.ucsb.edu/sites/default/files/forms/iacuc/researcher_training_checklist.pdf)***.* Contact the IACUC Office at** [**iacuc@lifesci.ucsb.edu**](mailto:iacuc@lifesci.ucsb.edu) **for assistance with training.**

UCSB personnel on this roster must enroll in the Occupational Health and Safety Program (OHSP) by submitting an [Occupational Health and Safety Animal Contact Medical Review Form](https://www.research.ucsb.edu/sites/default/files/forms/iacuc/ohs_form.pdf). Non-UCSB personnel must be covered by an extramural OHSP and provide written verification of an equivalent enrollment from their home institution. Additionally, non-UCSB personnel must provide written verification of equivalent basic level training.

Do any researchers working on this protocol have any of the following interests:

* Equity interest, stock, stock options or other financial interest (greater than $10,000) in an outside entity whose financial interests would reasonably appear to be affected by the research being proposed in this protocol, or
* Ownership, advisory board member or executive position (e.g., Founder, President, Director, Officer, Partner, or Trustee) in an outside entity that has interests related to the research being proposed in this protocol **regardless of compensation**.

If either of the above situations apply, then please mark individuals(s) name(s) who have an outside financial interest as “**Yes”**. The individual(s) identified will be contacted by the Office of Research Conflict of Interest (COI) staff to discuss the potential COI.

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| **Name** | **Does this researcher have an outside financial interest as defined above?**  Answer: Yes or No | **Procedures**  Identify the protocol procedures that each person will perform. Use the checklist in Question #5 as your reference. Identify any trainers (T) by procedure. | **Training Description**  List how protocol personnel were or will be trained to perform procedures on live animals  OJ = To Be Trained by Other Lab Personnel  ARC = To Be Trained by the AV or designee  PE = Previous Experience |
| Example:  Rachel Researcher |  | Injections & inoculations  Blood collection (T)  Survival surgery (T) | Blood collection (OJ)  Anesthesia (PE)  Rodent Surgery (OJ)  Euthanasia (ARC) |
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