

Form Instructions: Please submit the completed form and any associated attachments to [IACUC@Downstate.edu](mailto:IACUC@Downstate.edu)

**1. Personal Information**

Last Name                      First Name

Age (check the appropriate box)  18 years or older     under 18 years     under 16 years

Proximity Card ID Number (the five digits following the \* - see diagram)

- be sure to request a Proximity Card at the ID office



**2. SUNY Downstate Health Sciences University Information**

Title/Role\* (i.e., Post-Doc, Graduate Student, Medical Student, Visiting Scientist, Volunteer)

\*Please visit the Office of Research website at:

Department                      SUNY Downstate Health Sciences University E-mail Address                      Work Phone

**3. Required on-line training**

Complete required [Collaborative Institutional Training Initiative \(CITI\)](#) modules for animal use.

**4. Previous animal experience**

Have you worked with animals before in either research or teaching?     No     Yes (Attach CV or resume)

If yes, please list years and nature of experience:

**5. Species**

Species you plan to work with at SUNY Downstate Health Sciences University (check all that apply)

Rat     Mouse     Fish     Nonhuman primate     Other, please specify

**6. Controlled Substances** – If you will be responsible for or administering controlled substances, complete and submit the

[Controlled Substances Protocol Registration Form](#) to [DCM@Downstate.edu](mailto:DCM@Downstate.edu)

**7. Occupational Health & Safety Program (OHSP) enrollment** \*Retain a copy for your records

Completion of your medical evaluation by Student-Employee Health Services (S/EHS) and laboratory safety training indicates your enrollment in the SUNY Downstate Health Sciences University OHSP.

A. Bring this form and the following items, if available, with you to SEHS: 440 Lenox Road, Apt. 1S, Brooklyn, NY 11203

- Documentation of Tuberculosis screening within the past year

- Immunization records for tetanus and measles-mumps-rubella-varicella (MMRV)

Only ONE of the following must be provided by SEHS during your visit:

1. **SEHS physician, nurse or employee name:** \_\_\_\_\_ **SEHS Phone #**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

2. 'HEALTH ASSESSMENT CLEARANCE' form (obtained from SEHS) appended to this form.

3. 'STUDENT REGISTRATION CLEARANCE' form (obtained from SEHS) appended to this form.

B. Office of Environmental Health and Safety training: All members of the lab (this includes PIs, volunteers, students, etc.) must complete laboratory safety training **annually**. Visit: <https://research.downstate.edu/iacuc/training.html#safety-training>. There are two options for completion (with and without a Downstate NetID).

**8. SUNY Downstate Health Sciences University Protocol Information**

**Principal Investigator:** Last Name                      First Name                      Protocol Number(s) to which you are being added:

Complete and submit a separate [PERSONNEL AMENDMENT FORM](#) to [IACUC@Downstate.edu](mailto:IACUC@Downstate.edu) for each protocol. All personnel will be given access to RPM. Please check the appropriate box(es) below if you (the PI) allow this person to perform additional functions, which have associated charges, in RPM such as:

Place Animal Orders     Place DCM Technical Services Requests

**Principal Investigator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_