**All sections must be completed**. Submit an original signed copy to the UACC Coordinator,

Animal Care Services, TASC2, SFU. Also, send an electronic copy to sfu-uacc@sfu.ca.

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| --- | --- |
| Date: | Protocol Number: |
| Name of Principal Investigator: | |
| Project Title: | |

1.

|  |  |
| --- | --- |
| Name: | Email: |
| Work Phone: | Home Phone: |
| Title (e.g. Technician, Grad Student): | |
| Qualifications/Training: | |
| CCAC Training Modules: Yes:  No: | |
| Research Tasks: | |

2.

|  |  |
| --- | --- |
| Name: | Email: |
| Work Phone: | Home Phone: |
| Title (e.g. Technician, Grad Student): | |
| Qualifications/Training: | |
| CCAC Training Modules: Yes:  No: | |
| Research Tasks: | |

|  |  |
| --- | --- |
| Principal Investigator: SIGN HERE | Date: |
| UACC Chair: SIGN HERE | Date: |