**IACUC Documentation of Lab Personnel Training**

Relevant IACUC Protocol Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Training:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Summary of Training (type of training, topics covered, etc):**

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**Attendees:**

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| **Printed Name** | **Signature** |
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