

**CLAR Facility Access Request**  
*Use one form per individual*

**TO BE COMPLETED BY PRINCIPAL INVESTIGATOR:**

A. I request CLAR access for (name) \_\_\_\_\_  
 on IACUC protocol# \_\_\_\_\_ entitled \_\_\_\_\_  
 \_\_\_\_\_ involving  
 the use of (species) \_\_\_\_\_

I certify that I will supervise animal research experiments described in the animal protocol referenced above so as to ensure compliance with the PHS "Guide for Care and Use of Laboratory Animals" and the USDA regulations of 1989, and that I will train support personnel to perform procedures in this protocol in a humane and proficient manner.

\_\_\_\_\_  
 Principal Investigator (Faculty) signature

\_\_\_\_\_  
 Date

**TO BE COMPLETED BY PERSON TO BE GIVEN ACCESS TO CLAR:**

**B.**  
 Name(print) \_\_\_\_\_  
 Office Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 Job title \_\_\_\_\_ Previous Animal Handling Experience? \_\_\_\_\_

**Animals You Will Be Working With**

Species	Procedures	Approved by	Date
1.	<input type="checkbox"/> Handling/Restraint <input type="checkbox"/> Micro isolator use		
2.	<input type="checkbox"/> Handling/Restraint <input type="checkbox"/> Facility Tour		
3.	<input type="checkbox"/> Handling/Restraint		
4.	<input type="checkbox"/> Handling/Restraint		

\_\_\_\_\_  
 Registrant's signature

\_\_\_\_\_  
 Date

**C. RETURN COMPLETED FORMS TO CLAR DIRECTOR**

\_\_\_\_\_  
 CLAR Director

\_\_\_\_\_  
 Date