

CREDENTIALS VERIFICATION FORM

Morehouse School of Medicine Institutional Animal Care & Use Committee (IACUC)

Office: 404.752.1724 • Fax: 404.756.5268

	On		
		FOR OFFICE USE ONLY	
• •		ual covered in the IACUC application. This	information will be kept on file.
Please e-mail all forms to mlewis	@msm.ed		
Investigator Name		Date Received	
		ail and one hard copy of this form. Do not at tive any areas blank (use "n/a" for sections the	
A. BASIC INFORMATION			
Name			
Office/Lab Location			
Office/Lab Phone#			
Office/Lab Fax#			
Email			
Cell Phone #			
Additional Contact #			
MSM Badge ID#			
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	ING All personnel listed on IACUC protocols must complete the we	
	al Training Initiative (CITI) and pass the corresponding tests that are on which modules to complete, review the IACUC application to which you	
completed	based upon the species and procedures you will be handling. If you	need assistance determining which
modules to	take, please contact: CLAR@msm.edu.	
CITI Trainir	ng Website: https://www.citiprogram.org/	
Module #	Title	Date Passed
1	Working with Mice in Research Settings	
2	Working with Rats in Research Settings	
3	Working with Hamsters in Research Settings	
4	Working with Rabbits in Research Settings	
5	Working with Amphibians in Research Settings	
6	Aseptic Surgery	
7	Reducing Pain and Distress in Laboratory Mice and Rats	
8	Investigators, Staff, and Students, Lab Animal Research	
9	Working with the IACUC (for Principal Investigators)	
10	Antibody Production in Animals (if you will be producing antibodies)	
11		
11		
12		

J. SUBMITTED BY:		
Signature	Date	
Name (Typed/Printed)	 Department	