

### REQUEST FOR EXEMPTION – UC Researchers

***This form must be submitted at least 2 weeks prior to the individual participating in a project.***

***EACH individual for whom an exemption from ACU 101 training and participation in the UC Davis Occupational Health Program is requested, must provide the following information (please use a separate form for each individual):***

<b>Name of Visiting Researcher (please print):</b>
<b>Email address:</b>

<b>***In order to qualify for exemption, the following condition must apply:</b>
1) Is your institution AAALAC accredited ____ Yes ____ No

<b>Principal Investigator (PI):</b>	<b>Campus Phone:</b>		
<b>Email Address:</b>	<b>Fax Number:</b>		
<b>Department:</b>	<b>Campus Address:</b>		
<b>Study Title:</b>	<b>Protocol #:</b>		
	<b>Protocol Expiration Date:</b>		
<b>Name, Title &amp; Institution Where Visiting Scientist Trained</b>	<b>Species Used in This Project</b>	<b>Describe Experience/Training Relative to the Activities in Project (e.g., handling, feeding, pre-treatment, anesthesia, surgery, monitoring, post-procedural care, euthanasia in the stated species, etc.)</b>	<b>Years of Experience</b>
<b>Dates of Participation in the Study:</b>		<b>PI / Co-PI Supervising the Visiting Individual:</b>	

I verify that the above named individual has received training in the laws and regulations governing the use of animals in teaching and research and has been advised of potential hazards associated with the species indicated on the above listed protocol. The above named individual is a current participant in our institution's Occupational Health Program.

\_\_\_\_\_  
Signature of Animal Care and Use Administrator of \_\_\_\_\_ Date  
Visiting Researcher's Institution

Administrator's contact information: Name (please print): \_\_\_\_\_

Phone Number: \_\_\_\_\_

<b>For information contact:</b>	Institutional Animal Care and Use Committee (IACUC) University of California, Davis 1 Shields Avenue Davis, CA 95616 (530) 752-2364 phone, (530) 752-4994 fax
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