

## Species-Specific Training and Certification

Follow steps in the order listed to complete your animal research requirements.

- 1: **Hands-on training and certification can not begin until the person has had an occupational safety physical exam.** Make your physical exam appointment through [Diana.Dukes@drexel.edu](mailto:Diana.Dukes@drexel.edu) as your first step. The request form is attached. There is also a medical information form to take to the physical exam. This is a confidential document and will only be seen by the doctor.
  - 2: Complete the on-line **LATA training**.  
<http://www.research.drexel.edu/compliance/IACUC/info.aspx>  
Required modules:
    - a. Basic animal research module
    - b. Occupational health module
    - c. Aseptic technique module
    - d. Analgesia and anesthesia module
    - e. Species specific modules (all applicable.)
  - 3: Request hands-on training using the **Species Specific Training and Certification request form** (also attached).
    - a. Print form and fill out accurately; ask Drs. Lelkes/Zhong/Har-el for assistance.
    - b. *Forms with incorrect or missing information will not be processed.*
    - c. **FAX the form** to the trainer at your research site (Janet @ Center City) for review.
    - d. **You will be contacted to set up the training session.** Turn-around time is 3-7 days.
    - e. Review the protocol(s) and other information with Drs. Lelkes/Zhong/Har-el prior to training to obtain at least a general view of your project.
- Note: Please use only this updated form;** older copies will not be accepted.
- 4: Upon successful completion of your hands-on training, you have two tasks:
    - a. Have Dr. Lelkes/Zhong submit an **Addition of Personnel form** to add you to their protocol(s). It is on the Drexel research website.
    - b. Request access to the animal facility through ULAR management.
  5. Submit a copy of the completed LATA training models and the Certification form to Dr. Har-el.

### Center City Campus

Janet Schulenberg  
215-762-1129  
[jschulen@drexelmed.edu](mailto:jschulen@drexelmed.edu)

### Queen Lane Campus

Christine Stinger  
215-991-8162  
[christina.stinger@drexelmed.edu](mailto:christina.stinger@drexelmed.edu)

### Drexel Main Campus

Mary Victor  
215-895-1348  
[victorm@drexel.edu](mailto:victorm@drexel.edu)



Department of Environmental Health & Safety

**Request for Annual Health Review**

Date: \_\_\_\_\_ Email \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Department \_\_\_\_\_

Location where research will be performed: \_\_\_\_\_

Building Name

Room Number

PI's Name

PI's Telephone Number

☐ Check here if this is your first Annual Health Review

**Please select one of the following:**

\_\_\_\_ Drexel Faculty or Staff Position: \_\_\_\_\_

\_\_\_\_ DUCOM Faculty or Staff Position: \_\_\_\_\_

\_\_\_\_ \*Graduate Student enrolled in the \_\_\_\_\_ Program, who will be working on a protocol sponsored by the Department of \_\_\_\_\_

\_\_\_\_ \*Medical Student who will be working on a protocol sponsored by the Department of \_\_\_\_\_

\_\_\_\_ \*Volunteer who will be working on a protocol sponsored by the Department of \_\_\_\_\_

**\*If graduate student, medical student or volunteer is checked, please provide fund/org number to cover cost.**

Fund # \_\_\_\_\_ Org Code # \_\_\_\_\_ Acct. Code \_\_\_\_\_ PI's Signature \_\_\_\_\_

**Scheduling the Exam:**

The annual health reviews are performed by the Executive Wellness Center, located on the Center City campus. Health reviews are by appointment only must be scheduled through the Department of Environmental Health and Safety. Health Reviews are only performed on the days and times listed below.

Please select the days/times that you would be available to attend.

Tuesdays:

\_\_\_\_ 8:30 AM – 9:00 AM

\_\_\_\_ 1:00 PM – 1:30 PM

Thursdays:

\_\_\_\_ 8:30 AM – 9:00 AM

\_\_\_\_ 1:00 PM – 2:00 PM

\_\_\_\_ 2:00 PM – 3:30 PM

\_\_\_\_ Next appointment available / Annual Health Review must be completed by: \_\_\_\_\_

Please email the completed form to [dd35@drexel.edu](mailto:dd35@drexel.edu) or fax to 215-895-5926. Upon receipt of your completed form, the Department of Environmental Health & Safety will schedule your appointment and send you a confirmation email specifying the exact date, time and location of your appointment.

If you require any additional assistance, please contact Safety & Health at (215) 895-5919.

Ref. File: Request for Annual Health Review  
Revised: 11/2008

400 N. 31<sup>st</sup> Street • Philadelphia, PA 19104  
Tel 215-895-5907 • Fax 215-895-5926

**Drexel University  
Institutional Animal Care and Use Committee  
Annual Health Review**

**Your Name:** \_\_\_\_\_ **Drexel University ID No:** \_\_\_\_\_

**Your Academic Program or Department:** \_\_\_\_\_

**Your work (school) telephone number:** \_\_\_\_\_

In order to help assure that no health problems arise as a result of your work with animals, please respond to the following questions.

1. For the *past year*, please check all the categories you matched.

- |  |  |
|--|--|
| ULAR animal and veterinary care staff  | <input type="checkbox"/>                                 |
| Non-ULAR person with direct contact with monkeys   | <input type="checkbox"/>                                 |
| Non-ULAR person with direct and frequent contact with rodents and rabbits  | <input type="checkbox"/>                                 |
| Non-ULAR person with direct contact with sheep or goats  | <input type="checkbox"/>                                 |
| Non-ULAR person with direct but infrequent contact with animals  | <input type="checkbox"/>                                 |
| I worked directly with recombinant DNA, pathogenic organisms, chemical carcinogens or cytotoxic drugs. If "yes", please circle the potential hazard. | Yes <input type="checkbox"/> No <input type="checkbox"/> |

2. For the *coming year*, please check all the job categories you *think* you will match.

- |   |  |
|---|--|
| ULAR animal and veterinary care staff   | <input type="checkbox"/>                                 |
| Non-ULAR person with direct contact with monkeys  | <input type="checkbox"/>                                 |
| Non-ULAR person with direct and frequent contact with rodents and rabbits   | <input type="checkbox"/>                                 |
| Non-ULAR person with direct contact with sheep or goats   | <input type="checkbox"/>                                 |
| Non-ULAR person with direct but infrequent contact with animals   | <input type="checkbox"/>                                 |
| I will work directly with recombinant DNA, pathogenic organisms, chemical carcinogens or cytotoxic drugs. If "yes", please circle the potential hazard. | Yes <input type="checkbox"/> No <input type="checkbox"/> |

3. Do you have a past history of asthma? Yes ☐ No ☐

Do you have a past history of eczema (allergic skin conditions)? Yes ☐ No ☐

Do you have a past history of allergic rhinitis (sneezing, runny nose, etc.)? Yes ☐ No ☐

Do you have a past history of a medical problem that may be work related? Yes ☐ No ☐

If yes, what is that problem(s) \_\_\_\_\_

4. Do you have any illness which compromises your immune system? Yes ☐ No ☐

Are you taking any medicine which may compromise your immune system? Yes ☐ No ☐

If yes, list those medications \_\_\_\_\_

In the past year, did you develop any new medical problems? Yes ☐ No ☐

If yes, list those problems \_\_\_\_\_

If yes, do you think any are related to your work? Yes ☐ No ☐

Which one(s) may be related to our work? \_\_\_\_\_

I authorize Drexel University and Drexel University College of Medicine to conduct a medical examination to determine whether I can work with laboratory animals. The Institutional Animal Care and Use Committee and Supervisor/Principal Investigator may be informed only of the date of medical evaluation to verify my participation in the Occupational Health and Safety Program, and whether or not I may continue to work with laboratory animals (or any restrictions in doing so).

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## TRAINING/CERTIFICATION REQUEST FORM

(Name) \_\_\_\_\_ will be working on my project  
*and has read all applicable protocols.*

List protocol #'s \_\_\_\_\_

Research PI \_\_\_\_\_ Phone \_\_\_\_\_

Department \_\_\_\_\_

I understand that **all trainees are required to have an occupational health physical exam** and must complete the LATA online animal training modules before handling any animals. Make your doctor's appointment via email: [diana.dukes@drexel.edu](mailto:diana.dukes@drexel.edu) as your first step.

Date of (scheduled) physical exam: \_\_\_\_\_

I have completed the LATA on-line training modules      yes \_\_\_\_\_ no \_\_\_\_\_

Species to be used (only as per above protocols) \_\_\_\_\_ .

Techniques required (**check only** those which apply to your protocol and assignment)

Lift & restraint \_\_\_\_\_

Barrier technique \_\_\_\_\_

Intramuscular injection \_\_\_\_\_

Intraperitoneal injection \_\_\_\_\_

Intradermal injection \_\_\_\_\_

Subcutaneous injection \_\_\_\_\_

Intravenous injection \_\_\_\_\_

Gavage \_\_\_\_\_

Euthanasia ( *list method* ) \_\_\_\_\_

Blood Collection (*list method*) \_\_\_\_\_

Aseptic technique \_\_\_\_\_

Suture application \_\_\_\_\_

Pre-Op/ Post-Op Care \_\_\_\_\_

Instruments selection and prep \_\_\_\_\_

This person has some experience working with the species listed:

**Handling** - YES \_\_\_\_\_ NO \_\_\_\_\_

**Injections** - YES \_\_\_\_\_ NO \_\_\_\_\_

Please include a contact number(s) and e-mail address for the person being trained/certified:

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

Email: \_\_\_\_\_

**Before making an appointment** for training/certification, please **FAX** this form to:

**Center City Campus:** Janet Schulenberg, **215-762-7449**. (phone: **215-762-1129**)

**Queen Lane Campus:** Christine Stinger, **215-843-5975**. (phone: **215-991-8162**)

**Drexel Main Campus:** Mary Victor, **215-895-0210**. (phone: **215-895-1348**)

**Be sure to keep a printed copy of your LATA training confirmation e-mails.**