**Rodent Handling & Procedures Laboratory Registration Form**

**Instructions:**

1. After completing applicable online training courses, use one form per person and fill in all required fields completely. Please visit the [AUTS website](https://depts.washington.edu/auts/requirements.html) for pre-requisites, course descriptions and class schedules.
2. Submit completed form to the Animal Use Training Program at [auts@uw.edu](mailto:auts@uw.edu). Please allow for up to 1-2 business days for processing and registration confirmation. Late registrations and “walk-ins” cannot be accepted.

\*Non-UW personnel working on non-UW protocols will be subject to registration fees and need to submit a [Billing Intake Form](https://depts.washington.edu/auts/forms.html).\*

1. Email reminders with complete information (*e.g.,* meeting location) will be sent two business days prior to classes.

**NOTE:** Re-registration fees may apply for absences and late cancellations (24 hours in advance). For more information, please visit the [AUTS Forms website](https://depts.washington.edu/auts/forms.html) and submit a [Billing Intake Form](https://depts.washington.edu/auts/forms.html).

**\*\*PLEASE TYPE – HANDWRITTEN AND INCOMPLETE FORMS WILL BE RETURNED\*\***

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| **Registrant’s Information** | | |
| Name (last, first, m.i.): | Email Address: | Cell Phone #: |
| Department: | PI Name (last, first, m.i.): | IACUC Protocol #: |

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| **Rodent Handling & Procedures Lab Registration Information** | | | | | |
| Species you are working with: | Working with Mice/Rats online completion date: | | | Animal Use Medical Screening (AUMS) online completion date: | |
| **For the boxes below:**  Review the handling and procedures offered by AUTS at<https://depts.washington.edu/auts/requirements.html>.  Then list the ones you need to perform within the next 6 months of your research, and your experience with each. | | | | | |
| Technique/Procedure  *(Include, as appropriate, if the animal is anesthetized (asleep, unconscious) or unanesthetized (awake, conscious))* | | Years of experience | Last time technique was performed | | Competency Level  *(Learning, Moderately experienced, Very experienced, or Expert)* |
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\***IMPORTANT:** Please note that because the current situation is so fluid, our instructor availability is limited and all trainings will be performed 1-on-1 as personalized sessions. We appreciate your flexibility with scheduling, and we will provide you with limited available options when your registration form is received.