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| **INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)**  **Workshop/Training REPORT** | | | |
| Note: Workshop/Training Report for each IACUC approved protocols are mandatory for completion and submission to the secretariat, otherwise future requests for IACUC approval will be delayed until appropriate reports are received. | | | |
| **IACUC Ref. No:** | | **Principal Investigator:** | |
| <Please Specify> | | <Please Specify> | |
| **Training Course/Workshop Title:** | | | |
| <Please Specify> | | | |
| **IACUC Approval Date:** | **Workshop/Training Commencement Date:** | | **Workshop/Training End Date:** |
| DDMMMYYY | DDMMMYYYY | | DDMMMYYYY |
| **REPORT BY PRINCIPAL INVESTIGATOR**  The report should be submitted on the completion of the Training Course/Workshop. | | | |
| |  |  | | --- | --- | | Number of participants: | <Please Specify> | | Name(s) of Trainer(s): | <Please Specify> | | | | |

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| **Give a summary of the Workshop/Training outcome.**  **Attach relevant documents where necessary.** |
| <Please Specify> |

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