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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. |
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| 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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