**Acknowledgement of Working With or Around Research Animals**

*The IACUC is required under the Animal Use Occupational Health and Safety Program to provide information concerning potential risks associated with animals and/or tissues used in teaching or research. In most cases these risks are extremely low.*

Laboratory animals can potentially cause an allergic reaction in some people. Symptoms may include runny nose, watery eyes, sneezing, shortness of breath, and asthma. Personnel who have a history of allergies are at a higher risk of developing symptomatic reactions. Allergies to lab animals can be diagnosed based on patient medical history, physical examination, and skin testing.

Salmonella is common in amphibians and reptiles. Hand washing and wearing of gloves is recommended.

It is recommended that you are current with your tetanus if working with mammals.

If you have any known allergies related to the subject animals or if you believe you may experience allergic reactions caused by your presence in the animal rooms then your visit is not advised. If you believe your visit would not present any health issues and you would like to work with animals, visit the animal facility and/or perform work in the animal facility, please acknowledge below.

**Affirmation**

I wish to work with and/or visit the ISU Animal Facility with the understanding that laboratory animals can cause allergic reactions.

Participant Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Circle one: Faculty / Student / Staff / Visitor

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

Protocol # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if applicable)

Instructor/PI/Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Department Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You will need to re-evaluate and sign this form yearly.