



UNIVERSITY OF CALIFORNIA, MERCED

Institutional Animal Care and Use Committee
Office of Research
University of California, Merced
5200 N. Lake Rd
Merced, CA 95343

REQUEST FOR OHSS EXEMPTION

This form must be submitted at least 2 weeks prior to the individual participating in a project.

In order to request an exemption for a Temporary Affiliate from participation in the UC Merced Occupational Health Program please provide the following information (use a separate form for each individual)

Visiting Researcher information (please print)			
Name:		Email:	
UC Merced Principal Investigator (PI):		Campus Phone:	
Email Address:		Campus Address:	
Department:			
UCM Protocol #:	Title:	Expiration Date:	
Name, Title & Institution Where Visiting Scientist Trained	Describe Experience/Training Relative to the Activities in Project (e.g., handling, feeding, pre-treatment, anesthesia, surgery, monitoring, post-procedural care, euthanasia in the stated species, etc.)		Years of Experience
End date of current TAF appointment:		UC Merced PI / Co-PI Supervising the Visiting Individual:	

AAALAC Accreditation

☐ Yes Accreditation # _____

☐ Yes ☐ No - I verify that the above named individual has completed a Medical Health Screening Questionnaire and been cleared for work with the species indicated below. The above named individual is a current participant in our institution's Occupational Health Program.

Species: _____

Note: if this individual needs clearance for a species that they do not work with at their home institution they will need to arrange clearance through the PI they are working under at UC Merced.



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Signature of Animal Care and Use Administrator of Visiting Researcher's Institution

Date

Administrator's contact information: Name (please print): _____

Phone Number: _____

For information contact:

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University of California,
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5200 N. Lake Rd.
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iacucoffice@ucmerced.edu