**Principle Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IBC Protocol #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year:\_\_\_\_\_\_\_\_\_\_\_**

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| **Employee Name** | **SLU Username** | **Lab Specific Training Date** | **General Lab Safety Training Date**  **(Annual)** | **Blood Borne Pathogen Training Date (Annual)** | **BSL-3 Training Date (Annual)** | **Shipper’s Training Date (Biannual)** |
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