

Validation basic and specialized techniques - rodent

LAST NAME	FIRST NAME	JOB TITLE	
RESEARCH CENTER	PRINCIPAL INVESTIGATOR	RESEARCH PROFESSIONNAL	
EMAIL		PROTOCOL NUMBER	
PROJECT NUMBER		UL STATUS (internal – external)	
** CHU-transit account number not admissible, please provide a UL project number for billing **			
SELECTED VALIDATION DATE			
TECHNIQUES	MOUSE	RAT	OTHER (SPECIFY) :
	<i>Basic techniques (check)</i>		
Handling			
IP injection			
SC injection			
Isoflurane anesthesia			
Injectable drugs anesthesia			
Euthanasia technique (specify)			
<i>Specialized techniques (check)</i>			
IM injection			
Retro orbital injection			
Oral gavage			
Awake caudal vein injection			
Caudal vein injection with anesthesia			
Intranasal			
Blood collection (specify the site)			
Awake cervical dislocation			
Awake decapitation			
Other (specify)			
Have you ever had a surgical training?			
Trainer's section			
Formations complétées :	Animaux de laboratoire <input type="checkbox"/>	Protection respiratoire <input type="checkbox"/>	Introduction rat et souris <input type="checkbox"/>
Entrée Nagano <input type="checkbox"/>	Courriel de suivi <input type="checkbox"/>	Facturé <input type="checkbox"/>	
Commentaires :			