

## TRAINING REQUEST

LASTNAME	FIRSTNAME	EMAIL
IDUL	JOB TITLE	RESEARCH CENTRE
PROFESSOR / RESEARCHER	RESEARCH PROFESSIONAL	PROTOCOL NUMBER
UL PROJECT NUMBER (billing) <small>** CHU-transit account number not admissible **</small>	UL STATUS (intern-extern)	WHAT IS YOUR EXPERIENCE WITH RODENT?

<b>BASIC TRAINING</b> ( <i>manipulation, handling, IP and SC injection, anesthesia and euthanasia</i> ) <b>**50\$ per species**</b>					
Selected training date :					
Species used :      Mice                      Rat                      Hamster                      Other (specify) :					
Euthanasia technique <b>under anesthesia</b> :	None	Cervical dislocation	Decapitation	CO2	Perforation of the diaphragm
	Blood collection via:			Overdose by:	
		Cardiac puncture		Intraperitoneal injection	
	Abdominal aorta		Intracardiac injection		
	Vena cava		Isoflurane inhalation		
Approximate date scheduled for the start of manipulations:					
Will you have to perform anaesthesia or euthanasia on newborns (10 days of life or less)?      Yes      No					

<b>RODENT ASEPTIC SURGERY TRAINING</b> ( <i>pre-per-postoperative care, aseptic technique, wound closure</i> ) <b>**50\$**</b>		
Selected training date :		
Species used :      Mice                      Rat                      Hamster                      Other (specify) :		
Approximate expected start date for surgeries:		
Describe the surgery you will be called upon to perform:		
Has this surgery already been performed by your research team?      Yes      No		
Does anyone on your team have the expertise for this surgery?      Yes      No		

## TRAINING REQUEST

If you answered yes, provide the name of the person:

Have you already completed and passed the basic training for this species?      Yes      No

If no, please indicate the date on which you plan to take this training (mandatory prerequisite) :

### SPECIALIZED TECHNIQUE TRAINING - RODENT

**\*\*50\$ / hour \*\***

Species used :      Mice                      Rat                      Hamster                      Other (specify) :

Approximate expected starting date on protocol:

Required technique(s)  
(specify) :

Has anyone on your team been trained and experienced with the technique(s)?

Yes                      No

If you answered yes, provide the name of the person:

Have you already completed and passed the basic training for this species?      Yes      No

If no, please indicate the date on which you plan to take this training (mandatory prerequisite) :

### SECTION RESERVED FOR THE TRAINER

#### Formations complétées

Animaux de laboratoire      Protection respiratoire      Introduction rat et souris      Introduction chirurgie

Entrée Nagano      Courriel de suivi      Facturé      Document de suivi SPF

Commentaires :