

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?

BASIC TRAINING (<i>manipulation, handling, IP and SC injection, anesthesia and euthanasia</i>) **50\$ per species**					
Selected training date :					
Species used : Mice Rat Hamster Other (specify) :					
Euthanasia technique under anesthesia :	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					

RODENT ASEPTIC SURGERY TRAINING (<i>pre-per-postoperative care, aseptic technique, wound closure</i>) **50\$**		
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		

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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

****25\$ / 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 :