

TRAINING REQUEST

LAST NAME	FIRST NAME	EMAIL
IDUL	JOB TITLE	RESEARCH CENTER
PROFESSOR / RESEARCHER	RESEARCH PROFESSIONAL	PROTOCOL NUMBER
UL PROJECT NUMBER (billing) ** CHU-transit account number not admissible **	UL STATUS (intern-extern)	WHAT IS YOUR EXPERIENCE WITH RODENTS?

BASIC TRAINING (manipulation, handling, IP and SC injection, anesthesia and euthanasia) **50\$ per species**					
Selected training date :					
Species used :	Mice	Rat	Hamster	Other (specify) :	
Euthanasia techniques under anesthesia ¹ :	None	Cervical dislocation	Decapitation	CO2	Perforation of the diaphragm
	Blood collection by :		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 anesthesia or euthanasia on newborns (10 days of life or less) ? Yes No					

¹ Euthanasia techniques **WITHOUT** anesthesia are considered specialized techniques and are not part of basic training.

RODENT ASEPTIC SURGERY TRAINING (pre-per-postoperative care, aseptic technique, wound closure) **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 :			
Closing technique(s) you will be required to perform :			
Simple interrupted sutures	Staples	Dental cement	Other (specify) :
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
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) :			

TRAINING REQUEST

SPECIALIZED TECHNIQUE TRAINING

**50\$/hour **

Species used : Mice Rat Hamster Other (specify) :

Approximate expected start date on protocol :

 Required technique(s)
(specify) :

Does anyone on your team have been trained and is experienced with the technique ? 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 :