

VALIDATION REQUEST

Basic and Specialized Techniques

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)
SELECTED VALIDATION DATE		

TECHNIQUES	MOUSE	RAT	OTHER (SPECIFY) :
BASIC TECHNIQUES (CHECK)			
Handling			
IP injection			
SC injection			
Isoflurane anesthesia			
Injectable drugs anesthesia			
Euthanasia technique (specify)			
SPECIALIZED TECHNIQUES (CHECK)			
IM injection			
Retro orbital injection			
Oral gavage			
Caudal vein injection (WITHOUT anesthesia)			
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?			

SECTION RESERVED FOR THE TRAINER		Nom du formateur :	
<u>Formations complétées</u>			
Animaux de laboratoire	Protection respiratoire	Introduction rat et souris	Introduction chirurgie
Entrée Nagano	Courriel de suivi	Facturé	
Commentaires :			