

REGISTRATION FORM

Rodent specialized technique

LAST NAME	FIRST NAME	EMAIL
IDUL	JOB TITLE	RESEARCH CENTER
PROFESSOR / RESEARCHER	RESEARCH PROFESSIONAL	PROTOCOL NUMBER
UL PROJECT NUMBER FOR BILLING <i>(2 letters followed by 6 numbers)</i>	UL STATUS (intern-extern)	WHAT IS YOUR EXPERIENCE WITH RODENTS?

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 TRAINER		
Préalables complétés		
Animaux de laboratoire	Protection respiratoire	Formation de base avec l'espèce concernée
Entrée Nagano	Courriel de suivi	Facturé
Nom du formateur :		
Commentaires :		