

REGISTRATION FORM

Rodent aseptic surgery

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?

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) :			

SECTION RESERVED FOR TRAINER			
Préalables complétés			
Animaux de laboratoire	Protection respiratoire	Formation de base (espèce concernée)	Introduction chirurgie
Entrée Nagano	Courriel de suivi	Facturé	Document de suivi SPF
Nom du formateur :			
Commentaires :			