

# 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?

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