

# REGISTRATION FORM

## Rodent specialized technique

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?

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