

**FORM-CHU #010-Ang**

**Training request**

**ANIMAL USER INFORMATION**

First Name :	Last Name :
Email :	
Phone #:	Principal investigator:
Protocol #:	Research professional:
Experience with animal : <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
Completed on (date) : <b>Theoretical Exam – Laboratory animal</b>	Completed on (date) : <b>Respiratory protection Exam</b>

**INFORMATION ON REQUIRED TRAINING**

Selected training dates		Animal handling starting date
<b>Basic training mice :</b> manipulation, handling, IP and SC injection, anesthesia and euthanasia <i>(2-part training)</i>  <i>Cost : 50\$</i>	<b>Euthanasia techniques under anesthesia :</b> <input type="checkbox"/> None <input type="checkbox"/> Cervical dislocation <input type="checkbox"/> Decapitation <input type="checkbox"/> Perforation of the diaphragm	<b>Blood collection by :</b> <input type="checkbox"/> Cardiac puncture <input type="checkbox"/> Abdominal aorta <input type="checkbox"/> Vena cava

Will you have to perform anesthesia or euthanasia on newborns (10 days of life or less)? Yes  No

**INFORMATION ON THE ORIENTATION VISIT REQUIRED**

<input type="checkbox"/> CHUL T <input type="checkbox"/> CHUL R <input type="checkbox"/> LOEX
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**Training request**

**RESERVED AREA FOR THE ANIMAL FACILITY**

Completed on (date) :  
**Basic Training – Rat and Mouse**

Formateur :

**ÉTAPES**

Entrée dans Nagano

Courriel de suivi

Fit test documenté

Facturé

Commentaire :

Version

005

En vigueur

23 avril 2026