



Wet Lab Registration Form

INSTRUCTIONS: Save and email the completed form to autp@umanitoba.ca. This form must be received one week prior to the wet lab date. Please ensure you register for procedures applicable to an approved Animal Use Protocol (AUP). Registration confirmation will be sent to you via e-mail. Please allow up to 3 days for processing. A cancellation fee may be charged if notice is not received within 24 hours of the session.

General Information

Name _____

Phone _____

Email _____

Principal Investigator _____

Protocol # _____

Wet Lab Title _____

Date Offered _____

- PI
- Student
- Technician
- Other

Pre-requisites for any lab animal wet lab

Animal User Training Course (or equivalent) _____

Date completed _____

Procedural training on demand:

Check off the box below for the procedure(s) you are required to learn.

Training date(s) will be offered to you when your registration is processed. Note, procedures are taught one at a time.

Please allow up to three days for processing.

- | | |
|---|---|
| <input type="checkbox"/> Subcutaneous injection | <input type="checkbox"/> Intramuscular injection |
| <input type="checkbox"/> Intraperitoneal injection | <input type="checkbox"/> Intravenous injection |
| <input type="checkbox"/> Saphenous blood collection | <input type="checkbox"/> Jugular blood collection |
| <input type="checkbox"/> Cardiac blood collection | <input type="checkbox"/> Oral gavage |
| <input type="checkbox"/> Cardiac perfusion | <input type="checkbox"/> Retro-orbital injection |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Tail vein blood collection |

QUESTIONS CALL 204-789-3960 / EMAIL autp@umanitoba.ca

Save