



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 _____

Check off the box below if you require training for any of the procedures listed for the species you will be working with. Provide the date you wish to obtain the training. The schedule is available on the Animal Care Website:

<https://umanitoba.ca/research/opportunities-support/ethics-compliance/animal-care-and-veterinary-services#animal-user-training>

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

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

Save