UNIVERSITY OF NORTH TEXAS

HEALTH SCIENCE CENTER

***Institutional Animal Care and Use Committee***

ANIMAL FACILITY EXPERIENCE/TRAINING RECORD

**Name:**   **Title:**

**Date:** **PI:**

**Skills/Techniques: Time of experience**

Animal Handling \_\_\_years (or) \_\_\_months

Tissue collection \_\_\_years (or) \_\_\_months

Heart Isolation, neonates \_\_\_years (or) \_\_\_months

Heart Isolation, adult animals \_\_\_years (or) \_\_\_months

Brain/organ perfusion \_\_\_years (or) \_\_\_months

Sterile/aseptic procedures \_\_\_years (or) \_\_\_months

Anesthesia via injection \_\_\_years (or) \_\_\_months

Anesthesia controlled inhalation \_\_\_years (or) \_\_\_months

Arterial/venous cannulation \_\_\_years (or) \_\_\_months

Surgical implantation of devices \_\_\_years (or) \_\_\_months

Rodent Breeding/Colony Manage. \_\_\_years (or) \_\_\_months

**Blood collection:**

Artery/vein \_\_\_years (or) \_\_\_months

Retro-orbital bleed \_\_\_years (or) \_\_\_months

Cardiac puncture \_\_\_years (or) \_\_\_months

**Animal Dosing:**

Artery/vein \_\_\_years (or) \_\_\_months

Oral gavage \_\_\_years (or) \_\_\_months

Other: Specify\_\_\_\_\_\_\_ \_\_\_years (or) \_\_\_months

**Species you have worked with (check all that apply):**

 Guinea pig­­­\_\_\_ Hamster\_\_\_ Mouse\_\_\_

 Rabbit \_\_\_\_\_\_ Rat\_\_\_\_\_\_\_ Other, Specify: \_\_\_\_\_\_

**Brief summary of where experience was obtained:**

X

Signature

X

Principle Investigator’s Signature