UNIVERSITY OF TORONTO
Division of Comparative Medicine

Submit by email

Ver. 2017-10-30

Anesthetic Training Request Form

Please answer **ALL** the following questions and return it via email to dcmtraining@utoronto.ca. **Incomplete forms will not be reviewed.** Once eligibility is confirmed, you will be sent a date for the next available module.

Date:

UTORid: _____ **Name:** _____ **UofT Email:** _____

PI: _____ **Protocol No.:** ☐☐☐☐☐☐☐☐ **Protocol Expiry Date:** _____

Expected start date of animal work: _____ **Species:** _____

Facility where anesthetic will be used (select one): ☐ **CCBR** ☐ **MSB** ☐ **BSF** ☐ **UTM** ☐ **UTSC**

Other, specify:

Are you listed on the protocol for which you will be using an anesthetic? ◯ **Yes** ◯ **No**

Note: An amendment must be submitted for anyone not included on the approved protocol via MRAP.

What is the purpose of the anesthetic you will be using? Select one or more, as relevant:

☐ **Euthanasia** ☐ **Tail clip** ☐ **Acute (terminal) blood collection**

☐ **Acute (terminal) tissue collection** ☐ **Acute (terminal) surgery** ☐ **Other (please specify)**

Note: For surgical procedures from which animals are recovered, you must also take the surgery module.

What is the anticipated start date of your first use of anesthesia?

Will you be working with biological or chemical hazards? ◯ **No** ◯ **CL2** ◯ **Chemical** ◯ **Both**

If yes, you must attend the CL2/Chemical hazard module.