

## Rabbit and Guinea Pig Training Request Form

Submit form by email to [dcmtraining@utoronto.ca](mailto:dcmtraining@utoronto.ca).

**Date:** \_\_\_\_\_

**UTORid:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **UofT Email:** \_\_\_\_\_

**PI:** \_\_\_\_\_ **Protocol No.:** \_\_\_\_\_ **Protocol Expiry Date:** \_\_\_\_\_

**Expected start date of animal work:** \_\_\_\_\_ **Species:** \_\_\_\_\_

**Which building will you be working in?**       CCBR     MSB     BSF     UTM     UTSC

**Other, specify:** \_\_\_\_\_

**Are you listed as a handler on the protocol above?**     Yes     No

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

**Are you a (select one):**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Principal investigator | <input type="checkbox"/> Postdoctoral fellow | <input type="checkbox"/> PhD candidate                 |
| <input type="checkbox"/> Masters student        | <input type="checkbox"/> Research technician | <input type="checkbox"/> Visiting scientist            |
| <input type="checkbox"/> Summer student         | <input type="checkbox"/> Volunteer           | <input type="checkbox"/> Undergraduate project student |

**What procedures will you perform under this protocol?**

**Substance Administration:**     SQ injection     IP injection     Gavage     IV injection     IM injection

**Comments:** \_\_\_\_\_

**Blood Collection:**             Saphenous bleeding     Marginal ear vein     IC             Exsanguination     Other

**Comments:** \_\_\_\_\_

**Identification:**             Ear tag             Ear notch             Toe tattooing             Other

**Comments:** \_\_\_\_\_

*If performing any of the above procedures you must receive DCM training. Please send queries to [dcmtraining@utoronto.ca](mailto:dcmtraining@utoronto.ca)*

**Will you be anesthetizing animals (e.g., tail clip, euthanasia, survival procedure, etc.)?**       Yes     No

*If yes, you must attend anesthetic module.*

**Will you be performing surgery?**       Yes     No

*If yes, you must attend the surgery module.*

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

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