

**DREXEL UNIVERSITY COLLEGE OF MEDICINE
CERTIFICATION
OF SPECIES SPECIFIC TRAINING**

NAME: (print) _____

Academic Status: Faculty _____ Post. Doc. Fellow _____
 Staff _____ Grad Student _____
 Other _____

P.I.: _____

Campus: _____

Telephone #: _____

E-Mail address: _____

IACUC Protocol Number(s): _____

FOR OFFICE USE ONLY: Trainer will complete this section.

| TECHNIQUE | SPECIES | DATE | ULAR STAFF SIGNATURE | SPECIES | DATE | ULAR STAFF SIGNATURE |
|--|---------|------|----------------------|---------|------|----------------------|
| LIFT & RESTRAIN | | | | | | |
| INTRAPERITONEAL INJECTION | | | | | | |
| SUBCUTANEOUS INJ | | | | | | |
| INTRAVENOUS INJ / IV CATH | | | | | | |
| INTRAMUSCULAR INJ | | | | | | |
| GAVAGE | | | | | | |
| INTRADERMAL INJ | | | | | | |
| ASEPTIC TECHNIQUE | | | | | | |
| BARRIER TECHNIQUE | | | | | | |
| INSTRUMENT PREP | | | | | | |
| PERI-OPERATIVE TECH/CARE | | | | | | |
| SUTURING | | | | | | |
| EUTHANASIA- | | | | | | |
| BLOOD COLLECTION- = SUBMANDIBULAR IDENTIFICATION - | | | | | | |

INSTRUCTIONS: Complete top portion of form and bring to hands-on animal training. Retain copy and submit completed original to the Office of Research Compliance (**MS 444, FAX #215 255-7874.**)