Aseptic Surgery Training Questionnaire

Your Training will be scheduled when you complete and return this form to the CCMR Veterinary Staff at [Veterinary.Staff@Dartmouth.edu](mailto:Veterinary.Staff@Dartmouth.edu) . If you have any questions or need any assistance in completing this please contact the Veterinary Staff.

In order to complete this questionnaire you may need to meet with your PI or lab manager to determine what techniques you will need training for in order to be in compliance with your protocol.

Trainee Name:     Degree (s):

PI:      Protocol Number:

Species on the protocol/s that you will be working with:

Surgical or anesthesia training / experience- Briefly describe any formal course work, degree work etc. that you have received in the past.

Experimental techniques and procedures that you may perform.

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| --- | --- |
| **Technique** | Proficiency at performing  1-Very comfortable,  2 somewhat comfortable,  3- minimally to not comfortable |
| Identifying pain in the animal (s) that you are working with |  |
| Anesthesia using injectable drugs |  |
| Anesthesia using inhalant drugs |  |
| Suture types, knot tying |  |
| Using surgical instruments |  |
| Using surgical instruments under a microscope |  |

Preferred dates to take the course. This will require about 2 hours of your time. The first hour is an informal lecture followed by an hour of hands on learning. (dates are listed on the web page). Contact us if listed dates do not work out.

First choice:      

Second Choice: