**Certification of Competency**

Email the completed form to: orcr-iacuc@email.arizona.edu

**The following individuals have been certified as competent to perform the procedures listed below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of certification:** | | **Name(s):** | |
| **Name of UAC Veterinarian/Designee:** | | | **Species:** |
| **Purpose:** *(ok to check more than 1)* | IACUC Requirement | | UAC Mandated |
| **Technique(s):** *(select all that apply)* | | | |
| Bleeding: Tail nick/scab pick  **[1b]** | Bleeding: Submental/chin **[2b]** | | Bleeding: Submandibular  **[3b]** |
| Bleeding: Saphenous  **[4b]** | Bleeding: Tail artery  **[5b]** | | Bleeding: Retro-Orbital with Presedation  **[6b]** |
| Bleeding: Retro-Orbital **without** Presedation  **[7b]** | Handling/restraint | | Vaginal lavage for estrous staging |
| Compound Admin: Gavage  **[1a]** | Compound Admin: Subcutaneous **[2a]** | | Compound Admin: Intra-peritoneal **[3a]** |
| Compound Admin: Tail vein  **[4a]** | Compound Admin: Intratracheal via tracheotomy **[5a]** | | Compound Admin: Intramuscular  **[6a]** |
| Compound Admin: Retro-Orbital Injection w/ Presedation  **[7a]** | Compound Admin: Footpad/hock injections  **[8a]** | | Intubation/direct intratracheal instillation |
| Cervical Dislocation **without** Presedation | Decapitation **without** Presedation | |  |
| **Other**,as requested by IACUC/UAC [list]: | | | |
| **Comments:** | | | |