

Name:

Researcher Techniques Checklist			
Species:			
Techniques	Current Skills	List length of experience	Training Needed
Direct Handling	<input type="checkbox"/>		<input type="checkbox"/>
Passive Handling (Training; Stimulus Control)	<input type="checkbox"/>		<input type="checkbox"/>
Restraint	<input type="checkbox"/>		<input type="checkbox"/>
Oral Gavage	<input type="checkbox"/>		<input type="checkbox"/>
Other:	<input type="checkbox"/>		<input type="checkbox"/>
Injections			
Intramuscular	<input type="checkbox"/>		<input type="checkbox"/>
Subcutaneous	<input type="checkbox"/>		<input type="checkbox"/>
Intraperitoneal	<input type="checkbox"/>		<input type="checkbox"/>
Intracardiac	<input type="checkbox"/>		<input type="checkbox"/>
Other:	<input type="checkbox"/>		<input type="checkbox"/>
Blood Collection			
Tail vein	<input type="checkbox"/>		<input type="checkbox"/>
Facial (maxillary) vein	<input type="checkbox"/>		<input type="checkbox"/>
Saphenous vein	<input type="checkbox"/>		<input type="checkbox"/>
Orbital sinus/plexus	<input type="checkbox"/>		<input type="checkbox"/>
Cardiac puncture	<input type="checkbox"/>		<input type="checkbox"/>
Other:	<input type="checkbox"/>		<input type="checkbox"/>
Identification			
Ear tagging	<input type="checkbox"/>		<input type="checkbox"/>
Ear notch	<input type="checkbox"/>		<input type="checkbox"/>
Microchip	<input type="checkbox"/>		<input type="checkbox"/>
Dart/roto tag	<input type="checkbox"/>		<input type="checkbox"/>
Other:	<input type="checkbox"/>		<input type="checkbox"/>

Anesthesia			
Injectable	<input type="checkbox"/>		<input type="checkbox"/>
Volatile	<input type="checkbox"/>		<input type="checkbox"/>
Aseptic technique	<input type="checkbox"/>		<input type="checkbox"/>
Post-surgical care	<input type="checkbox"/>		<input type="checkbox"/>
Other:	<input type="checkbox"/>		<input type="checkbox"/>
Euthanasia			
CO ₂	<input type="checkbox"/>		<input type="checkbox"/>
Decapitation	<input type="checkbox"/>		<input type="checkbox"/>
Cervical dislocation	<input type="checkbox"/>		<input type="checkbox"/>
Transcardial perforation	<input type="checkbox"/>		<input type="checkbox"/>
Other:	<input type="checkbox"/>		<input type="checkbox"/>