**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:** |