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| **RESEARCH CLEARANCES**(Part II.5) |
| **Title of Research Project**      |

1. Human Research Projection Approvals (OHRPP) (check one):

[ ]  Approved and Approval enclosed

[ ]  Submitted to the OHRPP on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  No human subjects or human materials will be used in this study.

[ ]  OHRP Committee approval was specifically waived (form enclosed)

1. Animal Research Committee Approvals (check one):

[ ]  Approved and Approval enclosed.

[ ]  Submitted to the Animal Research Committee on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ]  No animal subjects or animal materials will be used in this study.

1. Recombinant DNA/Infectious Agents (check one):

[ ]  Institutional Biosafety Committee approval enclosed.

[ ]  Submitted for DNA approval on (date) \_\_\_\_\_\_\_\_\_

[ ]  No recombinant DNA/Infectious agent research will be used in this study.

Note: Appropriate Committee approvals must be obtained specifically for the study proposed in this application prior to funds being awarded (i.e. title and identifying data for the study must be identical).

I agree to abide by the terms of this training grant and support the research plan included in this application.

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| Mentor Signature |  | Date |  | Trainee Signature |  | Date |
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|  |  |  |  |  |  |  |
| Mentor – printed name |  |  |  | Trainee – printed name |  |  |

For office use only: Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_