

# AUTHORIZATION FOR ANIMAL STUDIES

## CERTIFICATE OF APPROVAL BY THE INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

GRANT #:

PRINCIPAL INVESTIGATOR:

INSTITUTION:

ADDRESS:

TITLE OF RESEARCH PROPOSAL:

Are animals to be used in this research?    Yes    No    Exempt  
(Please Check One)

If yes please complete:

This protocol, # \_\_\_\_\_, Has been reviewed and approved for the period  
from \_\_\_\_\_ through \_\_\_\_\_ by the above-named  
Institutional Animal Care and Use Committee

\_\_\_\_\_  
(Authorized Signature)

Type: \_\_\_\_\_  
Name Title

Date: \_\_\_\_\_