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| NIH - NATIONAL INSTITUTE OF ARTHRITIS & MUSCULOSKELETAL & SKIN DISEASES INSTITUTIONAL NATIONAL RESEARCH SERVICE AWARD – T32 AR059033  **UCLA REGENERATIVE MUSCULOSKELETAL MEDICINE TRAINING PROGRAM**  **RESEARCH CLEARANCES** | |
| *A Statement of Assurance for all current trainees must be submitted annually to the appropriate university committee by the UCLA Regenerative Musculoskeletal Medicine Training Program Principal Investigator.* | |
| **Name**:  **Title of Research Project** | |
| A. | With respect to the **Human Subjects Protection Committee (HSPC)**\* (check one): |
|  | Approved and enclosed (HS-3 form enclosed). |
|  | Submitted to the Human Subject Protection Committee on\* *Date* |
|  | No human subjects or human materials will be used in this study. |
|  | Human Subject Protection Committee approval was specifically waived. |
|  | (Exempt HS-7 form enclosed). |
| B. | With respect to the **Animal Research Committee (ARC)**\* (check one): |
|  | Approved and enclosed (AC-2 form enclosed). |
|  | Submitted to the Animal Research Committee on\* *Date* |
|  | No animal subjects or animal materials will be used in this study. |

C. With respect to **Recombinant DNA/Infectious Agents** (check one):

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)*.

SIGNATURES

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| Mentor Signature | Date |  | Trainee Signature | Date |
| Printed Name |  |  | Printed Name |  |

*Rev. 9/2011*