

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**

---

Mentor Signature

Date

---

Trainee Signature

Date

---

Printed Name

---

Printed Name