

**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