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