

NIH - NATIONAL INSTITUTE OF ARTHRITIS & MUSCULOSKELETAL & SKIN DISEASES  
INSTITUTIONAL NATIONAL RESEARCH SERVICE AWARD – T32 AR065972  
**UCLA MUSCLE CELL BIOLOGY, PATHOPHYSIOLOGY AND THERAPEUTICS  
TRAINING PROGRAM**

**RESEARCH CLEARANCES**

*A Statement of Assurance for all current trainees must be submitted annually to the appropriate university committee by the UCLA Muscle Cell Biology, Pathophysiology and Therapeutics Training Program.*

**Trainee Name:**

**Faculty Mentor Name:**

**Primary Departmental Affiliation of Faculty Mentor:**

**Title of Research Project:**

**A. With respect to the Human Subjects Protection Committee (HSPC)\* (check one):**

- Approved and Approval Enclosed.
- Submitted to OHRPP on (date)\_\_\_\_\_.
- No human subjects or human materials will be used in this study.
- OHRPP Committee approval was specifically waived (form enclosed).

**B. With respect to the Animal Research Committee (ARC)\* (check one):**

- Approved and Approval 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):**

- Institutional 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 this study must be identical*).

**SIGNATURES**

\_\_\_\_\_  
Faculty Mentor Signature          Date

\_\_\_\_\_  
Trainee Signature                                  Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name