This animal protocol review was considered by the Committee and the following decisions were made:

☐ 1a. The original protocol was APPROVED as presented.

☐ 1b. The revised protocol was APPROVED as presented.

☐ 1c. The protocol was APPROVED with RESTRICTIONS or CHANGES as noted below. The project can only be pursued, subject to your acceptance of these restrictions or changes. If you are not agreeable, contact the ACUC chairperson immediately.

☐ 2. The Committee requests CLARIFICATIONS or CHANGES in the protocol as described in the attached memorandum. The protocol will be reconsidered when these issues are clarified and a revised protocol is submitted.

☐ 3. The protocol was approved, subject to the approval of WAIVER of provisions of NIH policy as noted below. Written approval of waivers must be received from granting agencies.

☐ 4. The protocol was DISAPPROVED for reasons outlined in the attached memorandum.

☐ 5. The Committee requests you to contact ________________________________ to discuss this proposal.

☐ 6. A copy of this correspondence has been sent to the Vice President for Research.

RESTRICTIONS, CHANGES OR WAIVER REQUIREMENTS:

Please use the above Protocol No. whenever referring to this protocol.

CHAIR, ACUC

Original - Principal Investigator
Yellow - Animal Records Office
Pink - Chair ACUC
Goldenrod - ORDA