**SIGNATURE PAGE CONFIDENTIAL** \*\* **LACUC #**

**I certify that this project will be conducted in full accordance with the PHS Policy on Humane Care and Use of Laboratory Animals, USDA rules and Wright State University policies governing the use of live vertebrate animals for research, testing, or teaching purposes.**

**I understand that institutional approval is valid for a period of three (3) years following the date of original approval with annual updates required. At the end of the three (3) year period, this protocol shall be automatically inactivated and all animal activities covered under it shall cease. To continue or add to these animal activities, submission and review of a new animal use protocol is needed. The new protocol will be assigned a new AUP number.**

**Should any changes occur (i.e., increase/decrease in number of animals, change of technique, additional co-PI, etc.) I accept the responsibility to submit an appropriate modification to LACUC for review *prior to initiation of such changes or modifications*.**

**I further affirm that the information presented on this Petition accurately reflects the animal use in the grant application submitted for either internal or external funding.**

**\*\* This research protocol will be reviewed in an open meeting and the information contained herein may become otherwise publicly available under the open records act. If you feel that all or part of your protocol is properly confidential, i.e., *is: potentially patentable work, trade secrets, proprietary information, work that could lead to or result in commercial development, or (perhaps) other information related to your research which you deem to be confidential,* you may wish to have the protocol considered confidentially. For further information concerning what constitutes properly confidential information, please feel free to contact the Wright State University Office of General Counsel (775-2475). If you sign below, the LACUC will attempt to honor your request by considering the protocol in executive session.**

**My signature below indicates that I do request that this protocol be considered as confidential.**

Signature of Principal Investigator Date

I have reviewed this project and find it in keeping with humane care requirements and, if applicable, items relevant to relief of pain and distress (i.e., per Petition Item D) have been discussed with the Principal Investigator.

Veterinarian Signature

I have reviewed this protocol and find it to be with merit.

Department Chair (or designated alternate) **\*\*\***

**\*\*\*** The "designated alternate" may be an individual or a representative of an institutional research and/or development committee.

LACUC Recommendations: Approval \_\_\_\_\_ Original \_\_\_\_\_ Modified \_\_\_\_\_ Further Review \_\_\_\_\_

/ /

LACUC Chair Signature (typed/printed) Date