

# INSTITUTIONAL COMMITTEE FOR THE CARE AND USE OF LABORATORY ANIMALS IN EXPERIMENTATION

## COMMITTEE ACTION FORM

Principal Investigator or Activity Director \_\_\_\_\_

Campus Address \_\_\_\_\_

College \_\_\_\_\_ Department/Unit \_\_\_\_\_

Project Title \_\_\_\_\_

The project referenced above has been reviewed. The decision is as follows:

\_\_\_\_\_ **Approved** as presented (Date \_\_\_\_\_)

\_\_\_\_\_ **Approved with the following stipulations:** (Date \_\_\_\_\_)

\_\_\_\_\_ **Not approved** for the following reasons: (Date \_\_\_\_\_)

**Signature:**

\_\_\_\_\_  
Committee Chairperson  
Dr. Steve Hayslette