Annex B

**APPLICATION FOR AUTHORIZATION**

(For the Conduct of Scientific Procedures Using Animals)

Entity is the laboratory or school. If the study will be conducted outside UP Manila, specify that it is a collaboration with the lab/school.

Address is the address of UP Manila. NOTE: Please remove this box.

1. Name of Entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Telephone Nos.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Nos.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name and Position of Representative Person:

Representative Person(s):

Principal Investigator and

Thesis adviser or co-investigator

NOTE: Please remove this box.

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Last Name First Name Middle Name

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Purpose of the Conduct of Scientific Procedures (encircle one or more):
   1. Biomedical research, experiment, studies, investigation (including pre-clinical research)
   2. Teaching and instruction
   3. Product testing
   4. Production of antisera or other biological
2. Identify the Key Institutional Representatives (including the ACUC Chairperson, veterinarians, and researchers):

Institutional Representatives include:

Dean

Department Head

IACUC Chair: DR. ROHANI B. CENA

NOTE: Please remove this box

* 1. Dean of the College:
  2. Department Head:
  3. IACUC Chair:

I certify that the statements made herein are correct and true.

Your signature and the Dean is the head of Institution.

NOTE: Please remove this box.

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Signature of representative Signature of head of Institution

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: This application should be accompanied by the requirements stipulated in Section 4 of the Administrative Order.