*DATE*

***MAIN PROPONENT***

*Designation*

*Bicol University Research and Development Center*

*Legazpi City*

 OTHER RESEARCHER(S):

 (1)

 (2)

Dear \_\_\_\_*(Proponent)\_\_\_\_\_\_:*

This is to acknowledge receipt of your BU-ACUC Form 1 (Animal Care and Use Statement) and research outline as follows:

|  |  |
| --- | --- |
| Date Received: |  |
| Title of Proposed Research/Protocol: |  |
| Assigned Control Number: |  |
| Category: |  |

I wish to inform you that the Institutional Animal Care and Use Committee of Bicol University, in its meeting held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has reviewed the care and use of vertebrate animals in this project and had given the following action:

|  |  |
| --- | --- |
|  | APPROVED: You may now conduct your research. |
|  | DISAPPROVED: Please modify or change the procedure in the use of vertebrate  |
|  | animals in your proposed research as recommended by the BU-ACUC. After complying with the recommendations, you may proceed with your experiment. |
|  |  |  |

Issued this \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for reference purposes.

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

Chairman, BU Animal Care and Use Committee