**Stem Cell Network**

**The Innovation Research Program**

**INSTITUTIONAL AND INVESTIGATOR SIGNATURES**

NAME OF LEAD INVESTIGATOR:

INSTITUTION:

NAME OF PROJECT:

AS LEAD INVESTIGATOR ON THIS PROJECT, I CONFIRM THAT THIS PROJECT HAS COMPLETED ALL SAFETY, REGULATORY AND ETHICAL REVIEWS AS REQUIRED BY MY INSTITUTION.

SIGNATURE OF LEAD INVESTIGATOR:

DATE:

NAME OF AUTHORIZED INSTITUTIONAL REPRESENTATIVE:

TITLE OF AUTHORIZED INSTITUTIONAL REPRESENTATIVE:

SIGNATURE OF AUTHORIZED INSTITUIONAL REPRESENTATIVE:

DATE:

NAME OF CO-INVESTIGATOR:

INSTITUTION:

AS THE CO-INVESTIGATOR ON THIS PROJECT, I CONFIRM THAT THIS PROJECT HAS COMPLETED ALL SAFETY, REGULATORY AND ETHICAL REVIEWS AS REQUIRED BY MY INSTITUTION.

SIGNATURE OF CO-INVESTIGATOR:

DATE:

NAME OF AUTHORIZED INSTITUTIONAL REPRESENTATIVE:

TITLE OF AUTHORIZED INSTITUTIONAL REPRESENTATIVE:

SIGNATURE OF AUTHORIZED INSTITUIONAL REPRESENTATIVE:

DATE:

A signed copy of this page should be included for each co-investigator requesting funds.