

## APPROVALS AND SIGNATURES

### PROOF OF CONCEPT AND CLINICAL TRIALS

**Project Title:**

Project leader and all co-applicants must sign indicating their agreement to participate directly in the project. Where employer/supervisor authorization is necessary for project approval (Universities, AAFC, etc.), the employer/supervisor must also sign below.

<b>Approvals</b>	
<u>Project Leader</u> Name: _____ Position: _____ Signature: _____ Date: _____	<u>Project Leader Employer Approval</u> Name: _____ Position: _____ Signature: _____ Date: _____
<u>Co-Investigator</u> Name: _____ Position: _____ Signature: _____ Date: _____	<u>Co-Investigator Employer Approval</u> Name: _____ Position: _____ Signature: _____ Date: _____
<u>Co-Investigator</u> Name: _____ Position: _____ Signature: _____ Date: _____	<u>Co-Investigator Employer Approval</u> Name: _____ Position: _____ Signature: _____ Date: _____
<u>Co-Investigator</u> Name: _____ Position: _____ Signature: _____ Date: _____	<u>Co-Investigator Employer Approval</u> Name: _____ Position: _____ Signature: _____ Date: _____
<u>Co-Investigator</u> Name: _____ Position: _____ Signature: _____ Date: _____	<u>Co-Investigator Employer Approval</u> Name: _____ Position: _____ Signature: _____ Date: _____