**NESTLÉ HEALTH SCIENCE**

**INSTITUTIONAL APPROVAL FORM**

This form must be completed, signed, and submitted with the grant application. Please ensure all sections are completed.

**PROJECT INFORMATION**

**Project Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Principal Investigator (PI):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department/Division:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Institution:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposed Start Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **End Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Funding Requested:** € \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTITUTIONAL APPROVAL**

By signing this form, the authorized institutional official confirms that:

1. The institution supports this research proposal.
2. The Principal Investigator is qualified to undertake this research and has the time and resources necessary to complete the project as described.
3. The application has been reviewed according to institutional policies.
4. If the grant is awarded, the institution agrees to:
   * Administer the grant funds in accordance with institutional policies and the terms of the Nestlé Health Science grant agreement
   * Ensure appropriate oversight of the research
   * Provide the facilities and resources necessary for the project
   * Ensure compliance with all applicable regulations and ethical standards
5. The research will not begin until all required approvals (e.g., ethics, biosafety) have been obtained.

**ETHICS REVIEW STATUS**

*Please select the appropriate option and provide the requested information*

* Ethics approval has been obtained
  + Ethics Committee/IRB Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Approval Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + *Please attach the approval letter with your application*
* Ethics application has been submitted and is pending review
  + Ethics Committee/IRB Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Expected Decision Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Ethics application has not yet been submitted
  + Planned Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Reason for delay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* This project is exempt from ethics review
  + Reason for exemption: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Supporting documentation attached: [ ] Yes [ ] No

**CONFLICTS OF INTEREST**

*Please declare any actual or potential conflicts of interest relating to this project*

* No conflicts of interest to declare
* Conflicts of interest exist and are detailed below:

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**DATA MANAGEMENT AND OWNERSHIP**

The institution confirms that:

* A data management plan is in place for this research
* Data will be managed in accordance with institutional policies and applicable data protection laws
* The PI and institution will retain intellectual property rights as specified in the Nestlé Health Science grant agreement
* The resulting data and findings will be published or otherwise disseminated in accordance with academic standards

**AUTHORIZED INSTITUTIONAL OFFICIAL**

*This must be an individual authorized to sign research agreements on behalf of the institution*

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_

**DEPARTMENT CHAIR/HEAD APPROVAL**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_

**PRINCIPAL INVESTIGATOR ACKNOWLEDGMENT**

I confirm that all information provided in this form and the accompanying grant application is accurate and complete.

**PI Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_

*For Nestlé Health Science use only:*

**Application Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Received Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Verification Complete:** [ ] Yes [ ] No

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_