

Date of issue

Number

Personal licence:

Licensee

Number

Will the research involve the use of genetically modified tissue? Yes No

If YES

Has the work been approved by the relevant GM Committee Yes No

Date approval was granted

Reference Number

Will the project involve work on human subjects, human tissue or access to confidential patient information? Yes No

If YES

Has ethical approval been obtained Yes No

Date approval was granted

IC REC or IRAS REC number

Note: Approval for any of the above MUST be in place before the student begins the project.

A risk assessment form will be required.

Project Payment: I have an F account Yes No

If you have an F account please give full account code: