Southern Cross University

HR Services

Microbiology investigation form

INVESTIGATION DETAILS

Title of proposed investigation

.....

.....

Contact details for chief investigator

Name: .....

Phone: ..... Fax: .....

Email:.....

DECLARATIONS AND SIGNATURES

Statement of scientific merit:

The *Head of Work Unit* is required to sign the following statement:

This proposal has been considered and is sound with regard to its merit and Methodology.

.....	.....	.....
Head of Work Unit's name	signature	date

Note: the certification of scientific merit may not be given by an investigator on the project.

Conformity with Gene Technology Regulations *(required for GM only)*

The *chief investigator* is required to sign the following statement:

I have read and understood the Gene Technology Regulations. I accept that I, as chief investigator, am responsible for ensuring that the investigation proposed in this form is conducted fully within the regulations and any other conditions specified by the Office of Gene Technology Regulator.

.....	.....	.....
Chief Investigator's name	signature	date

Signatures of other investigators:

.....	.....	.....
Name	signature	date
.....	.....	.....
Name	signature	date