|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Person legally authorised to prescribe and direct the administration of the schedule 2-6 drugs and procedures (i.e. veterinarian; or appropriately authorised medical doctor / pharmacist / dentist):** | | | | |
| Name |  | | | |
| Project title and reference number |  | | | |
| Capacity (e.g. veterinarian) |  | SAVC / HPCSA registration / authorisation number | |  |
| Signature  **Note! No PP signatures** |  | Date | |  |
| **Person taking primary legal responsibility for the safekeeping of and maintaining the drug registers of the schedule 2-6 drugs: PI or officially appointed person:** | | | | |
| Name |  | | | |
| Signature  **Note! No PP signatures** |  | |  |  |

# Research Ethics Committee Animal Care and Use: Drug prescription and Veterinary Confirmation Form