|  |
| --- |
| **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