**Approval of the head of the scientific Department to conduct a research protocol in the Department**

**Dear Dr. Usama Abou-Ismail, Chairman of the MU-ACUC**

I here confirm that the proposal of the research work entitled "……………………." carried out by ………………………………., …………………………………, ………………………..…………… and ………………………………………….

will be conducted in the Department of …………………………………., Faculty of Medicine, Mansoura University.

I ensure that all steps and procedures in the protocol will be carried out in accordance with MU-ACUC regulations and that we bear the legal and ethical responsibilities related to the conduction of the research protocol in the Department.

Date Head of Department Name Head of Department Signature

…………… …….…………………………… ….…………………………….

Contact:

Tel.:

Email: