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DST/NWU PCDDP Vivarium

(Internal box 640)  
 Private Bag X6001, Potchefstroom  
 South Africa, 2520

Tel: 018 299-2100, Fax: 087 234 5008  
 Email: [Cor.Bester@nwu.ac.za](mailto:Cor.Bester@nwu.ac.za)

Tel: 018 299-1111/2222   
Web: http://www.nwu.ac.za

To whom it might concern

**Letter of Authorization to do Animal Studies at the NWU Vivarium   
*AnimCare 07-01a, Version 4.01 (May 2016)***

The NWU Vivarium hereby authorises the following applicant to work with animals, as specified in the applicable scientific study proposal, based on demonstrated compliance with legislative criteria:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Student/Researcher** | Click here to enter full name | | | **Ethics no.** | NWU-000-00-000-A1 | |
| **Project title(s)** | Click here to enter title | | | | | |
| **Vivarium auth. no.** | **0000** | **Auth. date** | Click here to enter a date. | **Expiry date** | | Click here to enter a date. |

**Please note!** The Vivarium authorisation number remains subject to SAVC authorisation.

**Competency**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Demonstrated Compliance with Criteria** | | | **Auth. Date** | **Expiry. Date** | **Ref. no.** |
| The applicant attended and successfully completed the PCDDP Vivarium Introductory Course for New Researchers | Y |  | Click here to enter a date. | Click here to enter a date. | 0000 |
| N |  |
| The applicant demonstrated to the Vivarium that he/she gained necessary experience and competency in another Animal Facility | Y |  | Click here to enter a date. | Click here to enter a date. | 0000 |
| N |  |

**SAVC Authorisation** *(South African Veterinary Council)*

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| --- | --- | --- | --- | --- | --- | --- |
| **Who** | **Current Status** | | | **Auth. Date** | **Expiry. Date** | **Auth. no.** |
| Researcher/ student authorisation | Approved: | Submitted | n/a | Click here to enter a date. | Click here to enter a date. | 0000 |
|  |  |  |

**Supervision**

The applicant will be working under the supervision of the Head of the Vivarium or of the delegated SAVC-registered Laboratory Animal Technicians.

**I hereby grand permission to the applicant to commence with the scientific study, involving the use of laboratory animals at the NWU Vivarium. This authorisation, valid for the duration of the study, has my full consent.**

Yours sincerely

  
Mr Cor Bester

Head: NWU Vivarium