

Dissection Monitoring Committee (DMC)

JSS College of Pharmacy, Ooty-643 001

DMC-Inspection Request Form

Date:

To,

The Chairperson (Head, Dept. of Pharmacology)
DMC-JSS College of Pharmacy
Ooty-643001

From

Dear Sir

I request you to kindly inspect and approve the below proposed surgical procedure in experimental animals.

IAEC Approval No. & Title	Experimental Animal details		Proposed Dates of surgery	Time
	a. Species and Strain	:		
	b. Age and Weight	:		
	c. Gender	:		
	d. Numbers	:		

I assure you that I will abide by the rules and regulations of DMC.

Thanking You

Name and Signature of the PI

Note: DMC-Inspection Request Form should be submitted 7 day prior to the scheduled surgery

For DMC use only

DMC Request No.: _____

DMC Member appointed for Inspection: _____

Signature of Chairperson: _____