



John H. Stroger, Jr. Hospital of Cook County
1901 W. Harrison Street, Chicago, Illinois 60612
Office: 312/864-4600 • Fax: 312/864-9569

Ashok K Singh, PhD
Principal Scientist
Section of Nephrology, Department of Medicine
JSH Cook County

January 10, 2012.

Re: Approval of your Application for Animal Use (No. 01-11)

Please be informed that your application entitled, '*Regeneration of damaged peripheral nerve by stem cell fluid*' was approved for the period December 1, 2011 to November 30, 2015 after the deliberation of the IACUC Committee. The protocol approves of the 132 rats to be used for experimentation under this application # 01-11 (see attached the face page of the application)

Yours Truly,

A handwritten signature in black ink, appearing to read 'Marvin Rubenstein', with a long horizontal line extending to the right.

Marvin Rubenstein, PhD
Acting Chairman
IACUC,
Hektoen Institute for Medical Research- JSH

Date of Receipt:	01/28/11
IACUC Number:	01-11
IACUC Approval Date:	
Next Review Date:	

**HEKTOEN INSTITUTE FOR MEDICAL RESEARCH - COOK COUNTY HOSPITAL
 INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE
 APPLICATION FOR ANIMAL USE PROTOCOL REVIEW**
 (Must be Typed)

1.

Project Title:	Regeneration of damaged peripheral nerve by stem tissue fluid (SCF)
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 (Limit title to 80 spaces. Abbreviate if necessary to reduce to 80 spaces.)

2.

Principal Investigator (PI):	Ashok K Singh, Ph.D.		
Department:	Renal, Stroger Hospital/ Hektoen	Mailing Address:	Section of Nephrology, 627 S Wood, Chicago, IL
Work Telephone:	312 864 4613	E-mail Address:	singhashok100@yahoo.com

3.

Funding Source:	Hektoen Institute
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 Does the information in this form agree with the animal use section of the grant application (if enclosed)?
 YES: NO: N/A:

4.

Project Period:	From: December 1, 2011	To: November 30, 2015
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 Note: Projects are approved for a maximum of 3 years.

5. Check category of this application:
 New
 Three year resubmission of IACUC #

6.

Will any aspect of this study or animal husbandry be conducted at another institution?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, where?	Was the proposal approved by their IACUC? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please attach their approval notification. If pending, please indicate:		

7. List ALL OTHERS (students, visitors, residents, fellows, technicians, etc.) authorized to handle animals used in this project and make decisions regarding health status and treatments. Use additional pages if necessary:

Name:	Ashok K Singh, Ph.D.		
Department:	As above	Mailing Address:	Same as above
Work Telephone:	312 864 4613	E-mail Address:	Same as above

Name:	Ignacio Garcia-Gomez, Ph.D.		
Department:	Same as that of PI	Mailing Address:	Same as that of PI
Work Telephone:	312 864 0566	E-mail Address:	

Name:	P. Sethupathy, M.D.		
Department:	Same as that of the PI	Mailing Address:	Same as that of PI

4/29/11 Debra