**Research Funding Approval for TRL**

Warsaw, ………………………(date)

…………………………………………………………………………………………

 Name and surname of the research funder

………………………………………………………………………………………….

Organisational unit

of Mossakowski Medical Research Institute Polish Academy of Sciences

I approve of the research being conducted by Mr/Mrs/Ms……………….…………………………………… ...................................................................... at Toxicology Research Laboratory and I undertake to finance the research in compliance with the applicable price list.

I also acknowledge that in any and all forms of publications (abstracts, scientific papers, dissertations etc.) including data obtained at TRL the following clause shall be included: ‘**The studies were performed in Toxicology Research Laboratory, Mossakowski Medical Research Institute Polish Academy of Sciences’** (Polish: „**Badania przeprowadzono w Środowiskowym Laboratorium Badań Toksykologicznych Instytutu Medycyny Doświadczalnej i Klinicznej im. Mirosława Mossakowskiego Polskiej Akademii Nauk**”. The clause will be incorporated in Materials and Methods section or in the footnotes.

Funding source: Grant No/ Topic………………………………………………………………………..

…………………………………………………………..

 The signature of the research funder