Acknowledgement

**Standard Operating Procedure**

**Title: ­**

By my signature I acknowledge the contents, requirements, and responsibilities outlined in this Standard Operating Procedure (SOP):

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Identification\*** | **Signature** | **Date** |
| **Supervisor / Principal Investigator:** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***\*Identification:*** *Enter your Student ID, Employee ID, UCI NetID, UCI Email, or Date of Birth.*