

THE LYMPHATIC MALFORMATION INSTITUTE

Institutional Signature Page

Certification and Acceptance:

We, the undersigned, certify that the statements contained in the attached grant application are true and complete to the best of our knowledge. We agree to conform to the policies and rules governing this award. We agree to openly share final data sets and observations with the full scientific community, and all reagents and/or research tools developed under support by this mechanism will be made accessible upon request. We understand that the Lymphatic Malformation Institute makes no claim to rights on these items or intellectual property.

Principal Investigator.

Name (typed):

Title:

Institution:

Department:

Address:

Phone:

E-mail:

Signature

Institutional Official.

Name (typed):

Title:

Institution:

Department:

Address:

Phone:

E-mail:

Signature