

| ROUTING AND TRANSMITTAL SLIP | | ACTION | |
|--|----------|------------------|-----------------|
| 1 TO (Name, office & location) | INITIALS | DATE | INITIALS |
| | DATE | COORDINATION | |
| 2 | INITIALS | DATE | FILE |
| | DATE | INFORMATION | |
| 3 | INITIALS | DATE | NOTE AND RETURN |
| | DATE | PER CONVERSATION | |
| 4 | INITIALS | DATE | RECEIVE |
| | DATE | SIGNATURE | |
| REMARKS | | | |
| <p>20 Oct 75 Note: Dr. McIndoe had left Keeler before I arrived. Apparently this project was submitted by Dr. McIndoe directly to SGO & it never went thru CRH nor institutional review committee.</p> | | | |
| Do NOT use this form as a RECORD of approvals, concurrences, disapprovals, clearances, and similar actions. | | | DATE |
| FROM (Name, office symbol or location) | | | PHONE |