**Letter of support**

It is hereby certified that ………….. who is now applying for grant support from the Center for Innovative Medicine (CIMED) will have access to adequate laboratory space at the Department of …………where the funded research activities will be pursued and that …………… will be employed to a least 50% at this department during the 5-year grant period.

Huddinge ……………

…………………………………..

Signature

……………………………………

Name, Head of Department