



Institutional Animal Care & Use Committee

Final Report Form

UWF animal research protocols are approved for a maximum three-year term. The investigator must resubmit a new application for IACUC review in order to continue research activities. When the IACUC approval expires, it is no longer valid. A new protocol will need to be submitted if the IACUC approval has expired. No experimental use or observation of animals may take place during a protocol lapse period. Continuation of animal activities beyond the expiration is a serious and reportable violation of PHS Policy. To close out an animal research protocol, please email the completed form to nmead@uwf.edu within 30 days of an approved animal care and use protocol concluding or being cancelled.

Protocol # Protocol Title

Principal Investigator Co-Investigators

Other Personnel

Department Faculty Advisor (If applicable)

Date of Closure Sponsor (if applicable)

Reason for Closure:

Protocol Closure - Project is complete (no further activities with animals will be conducted)

Project was Never Initiated (no animals were used in this research)

Protocol Closure - Project was Initiated but will not be completed

Graduation of Student Investigator

Principal Investigator no longer with University

Sponsor Funding Closure

Other:

1. Yes No Has a *new* animal use protocol been submitted that describes the continuation of this work for the upcoming three years?
If so, please indicate the new IACUC protocol #/Title:
2. Total number of each species used in the study: Species: Number:
 Species: Number:
3. Number of animals remaining:
 - a. If animals are remaining, explain the disposition of the remaining animals (e.g., euthanasia, transfer to other protocols or researchers, etc.):
4. Provide a brief summary of any findings, results or other relevant information. Include any publications and presentations that have resulted from this investigation.
5. Have any protocol deviations occurred? Indicate date(s) the deviation(s) were reported to the IACUC. If deviation has not been reported, please report deviation in the space below.
6. Did any adverse events occur? Indicate date(s) the events were reported to the IACUC. If events were not reported, please report event in the space below and why it wasn't reported originally.

Signature of Principal Investigator

Date