

**IACUC CLOSURE FORM**

**Instructions**

The IACUC Closure Form should be submitted no later than 30 days after the conclusion of the study.

**SECTION A: General Information**

**OVERVIEW**

1. Protocol Number:
2. Title of Protocol:

**INVESTIGATORS**

3. Principle Investigator (PI)  
Name:  
Status:  
Telephone:  
CMU Email  
Department:

**VETERINARIAN**

4. Name:  
Telephone:  
Email  
Affiliation:

**SECTION B: Status**

**STATUS**

5. Provide a reason for the closure of this study.  
Study completed (no further activities with animals will be conducted).  
Project was never initiated (no animals were used in this research)  
Other, explain:

6. Indicate the number of animals used in approved procedures during the project.

Species	Number of Animals Used for Research or Breeding Purposes	USDA Pain Category

**SECTION C: Investigator Assurance and Acknowledgement**

**PRINCIPLE INVESTIGATOR**

I certify that the information I provided within this document correct and complete. **Please e-sign this document.**

\_\_\_\_\_  
Name / Signature of Principal Investigator

\_\_\_\_\_  
Date

**Note: Required fields are highlighted in red.**

**OFFICIAL OFFICE USE ONLY**

Date Received:

Notes:

Protocol Number:

Reviewer:

Date Reviewed:

Revised: May 2017