****Eastern Illinois University

Institutional Animal Care and Use Committee

**Completion / Termination of Animal Care and Use Protocol**

Submit this form with any applicable supplemental forms to [eiuiacuc@eiu.edu](mailto:eiuiacuc@eiu.edu)

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Information** | | | |
| Title of Project/Course |  | IACUC Protocol # |  |
| Protocol Type | Housing/Husbandry  Research  Instruction | | |
| Funding Source/Agency |  | | |

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| --- | --- | --- | --- | --- | --- |
| **Principle Investigator:** | | | | | |
| Name | |  | | e-mail |  |
| Department | |  | | Phone |  |
| **Additional Animal Personnel:** | | | | | |
| Co-Investigator  Other Animal Personnel | | | | | |
| Status: | ☐ Faculty ☐ Student ☐ Staff ☐ Other: | | | | |
| Name | | |  | e-mail |  |
| Department or Other Institution | | |  | Phone |  |
| **Additional Personnel**  If there are research personnel other than those listed above, complete and submit [**IACUC Supplemental Personnel Information Form**](http://www.eiu.edu/~grants/Files%20--%20IACUC/Attachment%201%20Personnel%20Information%20Form.doc) | | | | | |

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| **Project Completion / Termination Information** | | | | | | | |
| Project Completion/Termination Date: |  | | | | | | |
| Reason for Completion/Termination: | | | | | | | |
| ⬜ Completed – no further activities with animals will be done.  ⬜ Project will not be completed.  ⬜ Project never initiated. | | | | | | | |
| Describe any unanticipated adverse events, morbidity or mortality, the cause(s) if known, and how these problems were resolved. If NONE, this should be indicated: | | | | | | | |
|  | | | | | | | |
| **Record of Animal Usage**  List all species used in the protocol. Use the Animal Usage Supplemental form to list additional species as needed. | | | | | | | |
| Animals Species & Strain  (Scientific & Common Name) | | **Year 1:**  Total # of Animals | | **Year 2:**  Total # of Animals | | **Year 3:**  Total # of Animals | |
| Used | Euthanized | Used | Euthanized | Used | Euthanized |
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**CERTIFICATIONS AND ASSURANCES:**

By signing this form, I certify that:

the information provided is accurate and assure to the best of my knowledge that the project was conducted according to the IACUC approved protocol

University policies and procedures involving the care and use of animals were followed.

**Submission of this form by the PI in the form of electronic mail is taken as evidence of this Assurance. Please type your name(s) and the date below.**

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| --- | --- | --- | --- | --- | --- |
|  | | |  | | |
| Principle Investigator Signature | | | Date | | |
| ***For IACUC Use Only:*** | Date Received: |  | | Protocol Number: |  |
| **IACUC Acknowledgment** | | | | | |
| This completion statement has been considered and approved by the Institutional Animal Care and Use Committee.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of IACUC Chair Date | | | | | |