****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

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| **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 |