**PROTOCOL CLOSURE FORM**

*Send completed forms to* *iacuc@liberty.edu*

A *Closure Form* must be submitted when either of the following have occurred:

1. **Project Completion:** All research has been completed prior to the expiration date, and no further work will be performed.
2. **Project Termination:** The Principal Investigator wants to end all research prior to the protocol expiration date.

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| **PROTOCOL INFORMATION** |
| **Project Title:**       |
| **Protocol #:**       |
| **Principal Investigator:**       |

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| **PROTOCOL STATUS** |
| **[ ]  Completed**, as of:       *(Date of Completion)* |
| **[ ]  Terminated\***, as of:       *(Date of Termination)* |

*\*If the project has been terminated, no further animal work may continue on this study, and all animals in the protocol must be moved to another appropriate, approved, and active protocol. Otherwise, the animals must be euthanized by the approved method listed in the protocol.*

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| **ANIMAL USAGE** |
| **Species Used:**       | **Total Number Approved:**       |
| **Total Number Used:**       | **USDA Pain Category:**       |
| **Do any animals remain in any Liberty University facility from this protocol?**[ ]  No *(Proceed to Animal Disposition)*[ ]  Yes *(Complete the questions below)* |
| **What is/are the species of the remaining animals?**       |
| **How many cages of animals remain?**       |
| **Where are the animals housed?**       |

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| **ANIMAL DISPOSITION** |
| **Select one of the following:** |
| [ ]  **Animals are to be/have been euthanized** *(must be done prior to closing the protocol)* |
| [ ]  **Animals are to be/have been transferred to another institution, PI, or protocol** *(animals must be transferred prior to closing the protocol)* |
| **Where will the animals be transferred?**       |
| **To whom will the animals be transferred?**       |
| **Protocol Number** *(if remaining at Liberty University)*:       |

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| **ADVERSE EVENTS** |
| **Were there any unanticipated adverse events within the past year of the protocol?**[ ]  No [ ]  Yes *(Complete the questions below)* |
| **Number of Adverse Events:**       |
| **Describe the event(s) and any resolution:**       |

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| **SUMMARY**  |
| **Summarize progress made on the study, and note any key developments:**       |

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| **CERTIFICATION** |
| [ ]  By checking this box, I certify that this protocol was completed/terminated on the date provided above, and that all statements herein are true and accurate. I understand that no additional animals may be ordered under this protocol, and no experimental procedures may be continued without an active, IACUC-approved protocol in place. |
| Principal Investigator:       | Date:       |