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| **INSTRUCTIONS**:  This form should **only** be used when animal research activities and all data collection are fully complete.   * E-mail [iacuc@bowdoin.edu](mailto:iacuc@bowdoin.edu) for any questions you may have regarding this form. |

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| --- | --- |
| Principal Investigator: | Enter text |
| IACUC #: | Enter text |
| Project Title: | Enter text |
| Date of Initial Approval: | Enter text |
| Project Funding: | Enter text |

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| 1. **Study Results**   Provide a brief summary of the study purpose and results.  Enter text |
| 1. **Record of Animal Usage:**   How many animals were used in the entirety of the study?   | Species | USDA Animal Use Category  (“C”, “D”, or “E”) | Total # Used | | --- | --- | --- | | Enter text | Enter text | Enter text | | Enter text | Enter text | Enter text | | Enter text | Enter text | Enter text | | Enter text | Enter text | Enter text | | Enter text | Enter text | Enter text | | Enter text | Enter text | Enter text | |
| **3. Reason for Closure**:  Provide an explanation for why this protocol is being closed.  Enter text |
|  |
| **4. Problems/Adverse Events:**  Have you encountered any problems or adverse events during this study?  No  Yes  If **yes**, please describe any problems or unanticipated adverse events, morbidity or mortality, the cause(s), if known, and how these problems were resolved.  Enter text |
| **5. Changes to the Initial Risk/Benefit Analysis:**  Did the risk/benefit assessment for the protocol change over the course of the experiments based on data collection/analysis?  No  Yes  If **yes,** please explain.  Enter text |
|  |
| **Certification of the Principal Investigator:**  *I certify that the answers provided on this form are complete and accurate. I confirm that all protocol-related activities are finished, and no further data collection or work involving animals will be conducted.*  **By checking this box, I confirm that I have read and agree with the statement above.** |
| **Applicant Remarks (optional):**  Enter text |