**IACUC PROTOCOL CLOSURE REQUEST FORM**

Please complete this form when an approved animal care and use research project has **CONCLUDED** or **CANCELLED.** Do not leave any questions blank. Indicate “N/A” when applicable. Please submit the completed and signed Closure Request Form to [iacuc@monmouth.edu](mailto:iacuc@monmouth.edu). If you have any questions while completing this form, please feel free to contact the IACUC for assistance.

**Protocol Expiration Date:**

**Principal Investigator:**

**Email Address:**

**Department:**

**Protocol Number:**

**Project Title:**

1. **Date of Closure:**
2. **Reason for Closure:**

Data collection complete.  
 Principal Investigator no longer with University.  
 Graduation of student investigator.  
 Sponsor funding closure.  
 Other (please specify):

1. **Please indicate the number of animals used in this protocol since protocol approval date:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Species** | **Number of Animals Used** | **Number of Animals Remaining** | **USDA Pain category** |
|  |  |  |  |
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1. **If animals are remaining, explain the disposition of the remaining animals** (e.g. euthanasia, transfer to other protocols or researchers, etc.)**:**
2. **Provide a brief summary of any finding, results or other relevant information:**
3. **Include any publication and presentations that have resulted from this investigation.**
4. **Is this a sponsored research protocol?** (Select the appropriate box below)  
     
    Yes  No   
     
   **If YES,** indicate if revisions to funding application(s) must be made because of study closure: For research that is currently sponsored, you are required to report all changes to any awarded application concerning the animal subjects to the IACUC and that you speak with the Office of Grants and Contracts personnel.
5. **Include any additional information, comments or data that you feel is necessary to consider evaluating when evaluation this closure request.**
6. **Principal Investigator Assurance:** By signing this form you are acknowledging the following:   
     
   You certify that all submitted statements about this research study are true and accurate.

|  |  |
| --- | --- |
|  | Date |