**** Eastern Illinois University

For IACUC Use Only

Date Received:

Institutional Animal Care and Use Committee

**Form C: Completion / Termination of Animal Care and Use Protocol**

Submit this completed form to the Office of Research and Sponsored Programs.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **B. Personnel** | | | | |
| **Primary Investigator** | | | | |
| Name | Click or tap here to enter text. | | e-mail | Click or tap here to enter text. |
| Department | Click or tap here to enter text. | | Phone | Click or tap here to enter text. |
| **Co-Investigator** | | | | |
| **Status**: ☐ Faculty ☐ Student ☐ Staff ☐ Other: Click or tap here to enter text. | | | | |
| Name | | Click or tap here to enter text. | e-mail | Click or tap here to enter text. |
| Department or Other Institution | | Click or tap here to enter text. | Phone | Click or tap here to enter text. |
| **Co-Investigator** | | | | |
| **Status**: ☐ Faculty ☐ Student ☐ Staff ☐ Other: Click or tap here to enter text. | | | | |
| Name | | Click or tap here to enter text. | e-mail | Click or tap here to enter text. |
| Department or Other Institution | | Click or tap here to enter text. | Phone | Click or tap here to enter text. |

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| **C. 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: | | | | | | |
|  | | | | | | |
| **D. Record of Animal Usage**  List all of the species used in this protocol. Use Form B addendum to list additional species as necessary. | | | | | | |
| Animals Species & Strain  (Scientific & Common Name) | | [USDA Pain](https://www.eiu.edu/grants/files_iacuc/Appendix%201%20USDA%20Pain%20Classifications.doc)  [Classification](https://www.eiu.edu/grants/files_iacuc/Appendix%201%20USDA%20Pain%20Classifications.doc) | Total # of Animals | | | |
|  | Approved | Used | Euthanized |
|  | | Choose an item. | Year 1 |  |  |  |
| Year 2 |  |  |  |
| Year 3 |  |  |  |
|  | | Choose an item. | Year 1 |  |  |  |
| Year 2 |  |  |  |
| Year 3 |  |  |  |
|  | | Choose an item. | Year 1 |  |  |  |
| Year 2 |  |  |  |
| Year 3 |  |  |  |
|  | | Choose an item. | Year 1 |  |  |  |
| Year 2 |  |  |  |
| Year 3 |  |  |  |
|  | | Choose an item. | Year 1 |  |  |  |
| Year 2 |  |  |  |
| Year 3 |  |  |  |

|  |  |
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| **E. Certifications and Assurances** | |
| I certify the accuracy of information provided and assure to the best of my knowledge that the project was conducted according to the IACUC approved protocol, and that 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.** | |
|  |  |
| Principal Investigator or Course Director Signature | Date |
|  |  |
| Co-Principal Investigator Signature | Date |

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| **IACUC Acknowledgment FOR IACUC USE ONLY** |
| This completion statement has been considered and approved by the Institutional Animal Care and Use Committee.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of IACUC Chair Date |