Animal Care and Use Committee For Administration Use Only

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| --- | --- |
| Protocol No. | Date Received: |

**RESEARCH PROTOCOL**

**Protocol Closure Form**

This form is to be used for when an ACUC-approved protocol has concluded, is no longer needed, or if the work is being transferred to another protocol number. Please submit a **signed electronic version** of the completed form to [acuc@unbc.ca](mailto:acuc@unbc.ca).

**1. GENERAL INFORMATION**

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| --- | --- | --- | --- |
| Project Title: | | | |
| Protocol Number and Date of Approval: | | | |
| Principal Investigator |  | UNBC Department |  |

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| --- |
| Declaration: I, the undersigned, have ensured that all animals used in this project have been treated and cared for in accordance with the policies and guidelines of the Canadian Council on Animal Care and the requirements of the relevant international, federal, provincial and municipal legislation.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Principal Investigator Signature Date |

**2. REASON FOR CLOSURE**

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| **2.1** *Please provide the reason for closure:*  *Completed (no further activities with animals will be completed)*  *Project was initiated but not completed (no further activities with animals will be completed)*  *Describe:*  *Project was never initiated*  *Describe:*  *Other:*  *Describe:* |
| **2.2** *Will this work continue in another protocol?*  YES  NO  *Please provide the new protocol number (if available):*  *Please provide the new title (if available):* |

**3. FUNDING**

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| *Funding Source / Agency:* |
| *Will there need to be access to internal funding once this protocol is closed?*  YES  NO  *If yes, please provide a brief reason:* |

**4. FINDINGS**

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| **4.1** *If available, please provide a brief summary of findings, results or other relevant information:* |
| **4.2** *Please list any abstracts, presentations, papers, etc., produced under this protocol:* |

**5. ANIMALS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **5.1** *What was the total number of animals used within the last calendar year of the protocol (Jan 1st to Dec 31st)?*  *Please provide numbers by species.*   |  |  |  | | --- | --- | --- | | Common Name | Scientific Name | Number/year | |  |  |  | |  |  |  | |  |  |  | |
| **5.2** *What was the total number of animals used within the last year of the protocol (the number of animals used from the last approval memo to the last day that animals were used)*  *Please provide numbers by species.*   |  |  |  | | --- | --- | --- | | Common Name | Scientific Name | Number/year | |  |  |  | |  |  |  | |  |  |  | |
| **5.3** *Describe any expected and unexpected morbidity or mortality experience for target and non-target species*  N/A |
| **5.4** *Were there any other problems or complications encountered relative to animal use/welfare? Were there any inadequacies in endpoints as described in the original protocol? If yes, please briefly describe.*  YES  NO |
| **5.5** *If available, please insert any photos of experimental procedures, animal use, etc., here.* |