**University of Wyoming**

**Institutional Animal Care and Use**

**Protocol Closure Form**

**\*\*This form is for use when you are terminating a protocol early or *prior* to protocol expiration\*\*** Pleasesubmit completed form to the IACUC at [IACUC@uwyo.edu](mailto:IACUC@uwyo.edu) or Office of Research, Room 308, Old Main. If you have questions, please contact the Research Office at (307) 766-5322.

**PROTOCOL INFORMATION**

Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Protocol: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Protocol Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLOSE OUT INFORMATION**

**1.** What is your closure date (mm/dd/yy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**2.** Number of animals per pain category (B, C, D, E) used this year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**3.** Will any animals remain in any University of Wyoming facilities from this protocol? **Yes** **No**

**If Yes,**

What is/are the species? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many cages/animals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where are the animals housed? **Building:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Room #:** \_\_\_\_\_\_

Who be responsible for their welfare? **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4.** Please state whether you intend to:

1. Euthanize the animals (animals must be euthanized by a *trained individual* named on the protocol prior to closing the protocol and euthanasia procedures *must* be outlined in the protocol that was approved by the IACUC).

Or

1. Transfer the animals to another institution, researcher, or protocol (animals must be transferred prior to closing the protocol and the researcher must work with the University attending veterinarian)

If you plan to transfer the animals,

To where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

To whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Protocol Title/Number (if within UW)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Funding Information**- **(Please note that this section is mandatory)**

Source of Funding (Government agency, Grant, Departmental Funds, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UW Budget ID/Project Grant number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name person(s) and/or unit responsible for animal care:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I certify that this project has been conducted in accordance with all applicable regulations, the University IACUC Manual, and the approved IACUC protocol.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator’s Signature Date

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Principal Investigator Name