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| **INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)****Final Project Report** |
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| IACUC Ref. No.: | <Please Specify> | Project Start Date: | DDMMMYYYY |
| IACUC Approval Date: | DDMMMYYYY | Project End Date: | DDMMMYYYY |
| Principal Investigator: | <Please Specify> | Form Submission Date: | DDMMMYYYY |
| Project Title: |
| <Please Specify> |

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| **Please complete the following questions:** |
| **(i). Was it completed?** |
| [ ]  Yes [ ]  No |
| **Were there any deviations that have not been approved by IACUC as amendments to the protocol?** |
| <Please Specify> |

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| **(ii). a) Number of animals approved.** |
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| **Species:** | **Total** |
| <Please Specify> |  |

 *\*Add more rows if required.* |
| **b) Actual number of animals used in the reporting period.** |
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| --- | --- | --- | --- | --- | --- | --- |
| **Species** | **Year 1** | **Year 2** | **Year 3** | **Year 4\*** | **Year 5\*** | **Total** |
|  |  |  |  |  |  |  |

\*Indicate NA if not applicable*\*Add more rows if required.* |

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| **(iii). Please explain if total number of animals used exceeds the total approved animals?** |
| <Please Specify> |
| **(iv). Are there any balance animals being housed or that will be housed in the facility that are no longer required?** |
| <Please Specify> |
| **How many balance animals are there?** | <Please Specify> |
| **Where are they being housed?** | <Please Specify> |
| **What is the plan for these animals?** | <Please Specify> |
| **(v). List all publications, scientific presentations, press releases and IPs arising from the project since the last report.** |
| <Please Specify> |
| **(vi). Was there any unexpected animal deaths or outcomes since the last report?** |
| <Please Specify> |
| **(vii). Give a summary of the results and conclusions since the last report.****Attach any relevant documents where necessary.** |
| <Please Specify> |

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| **Are there any more procedures to be done?** |
| [ ]  Yes [ ]  No |
| **Do you consent for this protocol to be closed?** |
| [ ]  Yes [ ]  No |

\_\_\_\_\_\_\_\_\_\_END OF FORM\_\_\_\_\_\_\_\_\_\_