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| **INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)**  **Final Project Report** |
| |  |  |  |  | | --- | --- | --- | --- | | 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.** |
| |  |  | | --- | --- | | **Species:** | **Total** | | <Please Specify> |  |   *\*Add more rows if required.* |
| **b) Actual number of animals used in the reporting period.** |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **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\_\_\_\_\_\_\_\_\_\_