IACUC Study Closure Request Fort Hays State University Institutional Animal Care and Use Committee

PI NAME:	PROTOCOL #			
PHONE NUMBER:	E-MAIL ADDRES	SS:		
MAILING ADDRESS:				
Study closure form must be sub	mitted no later than 30 days after the stud	dy has expired.		
the Office of Scholarship and S	our computer, save a copy and return th ponsored Projects no later than the dead gned Study Closure Reports must be sul	line date provided on the		
Complete items 1-4 b	elow and sign and submit the form using	IRBNet.		
Please close this protocol effect	tive (insert end date if differ	rent from protocol expiration date).		
Please provide the following in	formation for protocol renewal:			
Have any adverse or unanti YES NO	cipated events occurred during the last y	ear of protocol approval?		
If yes, how were they managed and what steps were taken to prevent recurrence? (Note: Adverse or unanticipated events include pain, distress, morbidity, and mortality observed in the study animals.)				
2. Please describe the progress made on the study to date. Include publications, presentations, papers in progress, etc., if applicable:				
3. Indicate the number of animals used in approved procedures during the last project year (since the last review):				
SPECIES	Number of Animals Used for	USDA Pain Category		

Research or Breeding Purposes

4.			or technique resulted in the use of fewer animals than originally ers or replacement of the live animal model)? If so, please No
5.	Have any refinement the animals? If so, pl		the study to minimize potential pain, distress and discomfort in
6.	Have all animal care and handling personnel completed all required training regarding animal handling and procedures? Yes No		
Ind	icate by whom they v		NO TO THE PROPERTY OF THE PROP