Hello and thank you for accessing this form from the University of Maryland, Baltimore County Institutional Animal Care and Use Committee web site.

Prior to submitting, please ensure that spelling and grammar are correct; this will assist in the timely review of this form during the IACUC evaluation process. Complete all sections of the protocol application (indicate N/A in the section not applicable to your protocol). "See attached proposal" or “See the previous section” are not an acceptable responses.

Enter information by clicking the  box or typing in the **Click here to enter text.** area.

**Please go to UMBC** [**IACUC website**](http://research.umbc.edu/institutional-animal-care-and-use-committee-animal-care-use/) **for all up-to date guidance and information regarding the below questions.**

Use this form to report to the Institutional Animal Care and Use Committee (IACUCC) that your research or teaching activity using animals has been completed and you are closing the protocol.

Investigator/Instructor: Click here to enter text.

Phone/E-mail: Click here to enter text.

Protocol Title: Click here to enter text.

The protocol is closing as of the approved protocol expiration date:  Yes  No

The protocol is closing effective on this date: Click here to enter a date.

Provide the following information about the protocol during the last year.

**Adverse or Unanticipated Events**

Have any adverse or unanticipated events occurred during the last year of protocol approval?

Adverse or unanticipated events include pain, distress, morbidity, and mortality observed in the study animals.  Yes  No

How were they managed and what steps were taken to prevent recurrence?

Click here to enter text.

**Progress Made to Date**

Describe the progress made on the study to date. Include publications, presentations, papers in progress, etc., if applicable.

Click here to enter text.

**Number of Animals Used**

Indicate the number of animals used in approved procedures for breeding or research purposes during the last project year (since the last review).

|  |  |
| --- | --- |
| Species | Number of Animals Used |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| **TOTALS =============🡺** | **Click here to enter text.** |

**Please add your name, email address and date below**

Investigator’s Signature: Click here to enter text.

Email: Click here to enter text.

Date: Click here to enter a date.

**Electronically submit the protocol and any accompanying documents to** [**iacucsubmissions@umbc.edu**](mailto:iacucsubmissions@umbc.edu)**.**

Protocol Closure Form– 04/12/2016