

# ANIMAL USE PROTOCOL CLOSURE FORM

Complete this form when an approved animal care and use protocol is concluded or no longer needed.  
Please email completed and signed form to [acuc@unbc.ca](mailto:acuc@unbc.ca)

**Protocol Number:**

**Project Title:**

**Principal Investigator:**

**Phone Number:**

**Funding Source/Agency:**

**1. Date of Closure:**

**2. Reason for Closure**

Completed (no further activities with animals will be conducted)

Project was initiated but will not be completed

Reason:

Project was never initiated (no animals were used under protocol)

Reason:

Other, Explain:

**3. Provide a brief summary of findings, results or other relevant information.**

**4. List any abstracts, presentations, papers, etc. produced under this animal protocol.**

**5. Were any unexpected complications encountered?**

**6. List animal species and numbers used under this protocol during this year.**

---

Principal Investigator's Signature

---

Date