



**WICHITA STATE UNIVERSITY
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)
FINAL REPORT FORM**

Principal Investigator:

Protocol Title:

Protocol #:

Date of Initial Approval:

Expiration Date:

Animal Species:

1. RECORD OF ANIMAL USAGE OR IF TISSUE STUDY CLICK HERE AND SKIP TO #2

SPECIES	TOTAL # APPROVED FOR PROTOCOL	TOTAL # USED FOR PROTOCOL	TOTAL # USED FOR PAST YEAR

2. REQUEST PROTOCOL TERMINATION

- A. Final Annual Report – De Novo Review – New Protocol #
- B. Completed - no further activities with animals will be done.
- C. Currently inactive - project initiated but project has not/will not be completed.
- D. Inactive - project never initiated.

3. FINAL ANNUAL REPORT

Provide a brief update on the progress made in achieving the specific aims of the protocol. For animal studies, please include in your answer how animals were utilized and how that fits with the total number of animals approved for the protocol. Please provide an explanation for any large discrepancy between the number of animals requested and those utilized. (If additional space is needed to provide a complete answer, please attach a separate Word document with further information.)

4. PROBLEMS/ADVERSE EVENTS

Describe any unanticipated adverse events, morbidity or mortality, the cause(s), if known, and how these problems were resolved. If NONE, this should be indicated.

5. CERTIFICATION OF THE PRINCIPAL INVESTIGATOR

Signature certifies that the Principal Investigator understands the requirements of the PHS Policy on Humane Care and Use of Laboratory Animals, applicable USDA regulations and the Institution's policies governing the use of vertebrate animals for research, testing, teaching or demonstration purposes.

Signature of the Principal Investigator

Date

Signature of IACUC Representative

Date

****Completed forms should be submitted to IACUC@wichita.edu ****