I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PI name), hereby confirm that the following approved protocol(s) is/are **\***completed/ discontinued and that no further animal activities will be carried out under the protocol(s):

|  |  |  |
| --- | --- | --- |
| IACUC Protocol no. | Protocol Title | Date of Completion/ Discontinuation |
|  |  |  |
|  |  |  |

\*Delete appropriately

The table below reflects the number of animals used during the study period:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| BRC Dept. | IACUC # | Animal  Common Name | Number of animals used in procedures under pain & distress category:  C D E | | |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Outcome of protocol(s):

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RI/Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_