**Animal Use Protocol – *Final* Report Form**

**Principal Investigator:** Click here to enter text. **IACUC Protocol No.:** Click here to enter text.

Campus Mail Address: Click here to enter text.

Email: Click here to enter text.

**Title of Project:** *Click here to enter text.*

Please answer the following questions:

 YES NO

1. [ ]  [ ]  Has the animal work described in this protocol been completed?

2. [ ]  [ ]  Has a *new* animal use protocol been submitted that describes the continuation of this work

for the upcoming three years?

 If so, please indicate the new IACUC protocol number: Click here to enter text.

3. [ ]  [ ]  Are there any animals *currently* being maintained in the animal facility under this

protocol? If yes, please indicate the fate of these animals:

Reassigned to IACUC protocol #: Click here to enter text.

Request submitted to VR to utilize the ACUP holding protocol: [ ]  Yes [ ]  No

Other: Click here to enter text.

**Progress/Results:**

Briefly summarize (<150 words) the findings to date as they relate to the use of animals in this expiring protocol:

*\*\*Citing recently published literature only is NOT acceptable.\*\**

Click here to enter text.

Indicate how many experimental animals (*per species only*) were used in this protocol (*include animals used during the full life of this protocol - generally the last 3 yea*rs):

Click here to enter text.

List which strains have been used in experiments in this protocol.

Click here to enter text.

Were any breeding colonies maintained under this protocol? [ ]  YES [ ]  NO *If yes, address below queries*.

Please specify which strains were maintained in the colony and indicate the fate of the colonies, e.g., terminated, transferred to another protocol, transferred to another PI, etc.

 Click here to enter text.

Have any unexpected phenotypes been observed that could potentially affect animal health, well-being or longevity? [ ]  YES [ ]  NO If yes, please identify the strain, the phenotype observed and discuss how it was managed to ensure animal welfare.

 Click here to enter text.

Indicate the number of breeders utilized and the number of offspring generated (*include animals used during the full life of this protocol - generally the last 3 yea*rs).

Total # of breeders:Click here to enter text.

Total # of offspring generated (*include usable and unusable*):Click here to enter text.

**Adverse Events / Unexpected Outcomes:**

During this reporting period *(since last progress report)*, did you encounter any unexpected mortality, morbidity, disability, infection, or other event that adversely affected animal welfare?

 [ ]  No adverse events / unexpected outcomes were encountered.

 [ ]  Yes, there were adverse events / unexpected outcomes. *Address A & B below*.

1. Describe the adverse events / unexpected outcomes.

Click here to enter text.

1. Describe the measures that were taken to alleviate, minimize, or prevent recurrence of those adverse events.

Click here to enter text.

\_Click here to enter text.\_\_\_\_\_\_\_\_\_ Click here to enter a date.

Signature of Principal Investigator\*\* Date

*\*\*no signature is required if submitted via the PI’s UMB e-mail address.*