VAPHS Institutional Animal Care and Use Committee (IACUC) Research Project Closure Report

Please complete only if:

- All data collection is complete and;
 All data analyses are complete

P	rincipal Investigator:	Phone:	Email:	
A	ddress:	Fax:		
T	itle of Study:			
N	IIRB #:			
F	unding Agency/Sponsor*:			
E	ffective Study Closure Date:			
R	Reason for Study Closure:			
S	pecies Used in this Investigation:			
this	lease submit copies of any correspondence between to report, or when they become available. How many animals were approved by the	·		ted to study closure along with
2.	How many animals were used for experime	ents?		
3.	Are there any animals remaining? No Yes. If yes, what is the disposition of the	nese animals?		
4.	Please provide a summary of the research	findings:		
5.	Were any manuscripts published from the No Yes. If yes, please list the publications:	_	rom this study?	
6.	Were any peer-reviewed abstracts presente No Yes. If yes, please list the abstracts and		_	·

l any manuscripts be sent for publication or abstracts presented based on the findings of this study in future? No Yes
ator's Certification:
that the above information is correct and complete. By completing this form I also certify that: 1) All
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