

FORM: IACUC Protocol Close-Out Request Form		
NUMBER	DATE	PAGE
ACU-402	12/4/2023	1 of 2

**Instructions:** Please complete the following close-out questions for each IACUC protocol you wish to close. **Complete one form per protocol.** Submit each completed form to [IACUC@drexel.edu](mailto:IACUC@drexel.edu).

Once completed, the IACUC Office will contact you with any follow-up questions or to confirm your IACUC protocol(s) have been successfully closed.

Date of Request

2.PI Name

3.Protocol #

4. Reason for closure:

Study Completed

Study Discontinued

Departing Drexel University

Other:

4.Please confirm that you have communicated to all personnel that this protocol is being closed and all animal work must stop.

Yes

No

5.Please confirm that no animals remain under this protocol number.

Yes

No

6.Please confirm all breeding reports and animal transfer forms have been completed and submitted to ULAR, if applicable.

Yes

No

N/A

<b>FORM: IACUC Protocol Close-Out Request Form</b>		
NUMBER	DATE	PAGE
ACU-402	12/4/2023	2 of 2

NUMBER	DATE	PAGE
ACU-402	12/4/2023	2 of 2

7. Please list all personnel on this protocol that no longer need access to the animal facility with the closure of this protocol.

8. Please list all personnel on this protocol that still require access to the animal facility and who they will be reporting to.

9. If this protocol has an associated Biosafety Protocol, have you contacted [biosafety@drexel.edu](mailto:biosafety@drexel.edu) to close out the biosafety protocol?

Yes

No

N/A

10. Describe the progress made toward achieving the goals of the research study.

11. Describe any unanticipated results involving animal health.

**By signing this form, I certify that the information provided to close-out this protocol is accurate.**

---

Principal Investigator Signature

Date