**ARIZONA STATE UNIVERSITY**

**IACUC FINAL REVIEW**

**I. Terminating protocol**

 Protocol Number:

 Protocol Title:

 Principal Investigator:

 Termination Date:

**II. Check one**

 [ ]  The research or teaching was never undertaken.

[ ]  The research, teaching, or display was conducted.

 Describe any significant animal welfare issues, e.g., health problems or accidental deaths, encountered since the last annual review.

 If you DID NOT purchase your animals through the Department of Animal Care Technology (DACT), did your animal use exceed the predicted numbers approved in this protocol? Yes [ ]  No [ ]

**III.** Did the pain status stated on the protocol remain appropriate for the procedures performed? Yes [ ]  No [ ]

 If "No," please provide a brief explanation:

**IV.** Provide a statement on progress of your research under this protocol:

**V. Certification**

 By signing this report, I certify that, to the best of my knowledge, the information included herein is accurate and complete.

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 Principal Investigator’s Signature Date

 **FOR IACUC USE ONLY - FINAL REVIEW**

 **Protocol #:**       **Date Received:**

 COMMENTS:

 The signatures of the three Designated Reviewers confirm acceptance of the final review.

IACUC Chair or Designee Date

Attending Veterinarian or Designee Date

IACUC Member Date