#  Miami VA Healthcare System

 **Institutional Animal Care and Use Committee**

 **Project Completion Report**

**Instructions:** Form must be **typed**; no handwritten submissions. Attach all requested documentation or additional information. **Please submit the signed form to the IACUC Coordinator at 2B105; lori.roberson@va.gov.**

|  |
| --- |
| Project Title: Click here to enter text.       |
| Protocol Number:       |
| Name of PI:       Last |       First | Initial |
| Department/College: Click here to enter text.       | Phone:       |
| Office No.:       | Lab No.:       | Email:       |
| Project has been: | * Completed
 |
|  | * Terminated – If so, explain: Click here to enter text.
 |

1. Date of project completion or termination:
2. Number of animals: (\*Total contained in all approved protocols related to this project.)

|  |  |  |
| --- | --- | --- |
| a. Total approved\* | Rats:        | Mice:       |
| b. Total acquired | Rats:       | Mice:       |
| c. Total used | Rats:       | Mice:       |
| d. Total remaining | Rats:       | Mice:       |

1. Number of animals that experienced unexpected deaths / serious problems:

Explain:

Click here to enter text.

1. Plan for disposition of remaining animals:

Click here to enter text.

1. Important information or concepts derived from this study:

Click here to enter text.

1. Attach all publications, abstracts, date/sites of presentations of this project, or added information.

**I certify that the attached report is an accurate description of the current status of my project:**

**7. CERTIFICATION OF THE PRINCIPAL INVESTIGATOR.** Signature certifies that the Principal Investigator understands the requirements of the PHS Policy on Humane Care and Use of Laboratory Animals, applicable USDA regulations and the Institution's policies governing the use of vertebrate animals for research, testing, teaching or demonstration purposes.

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Signature (Principal Investigator) Date

Approved/Disapproved:

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Gianluca D’Ippolito, PhD Date

Chair\ or Co-chair, Animal Studies Subcommittee

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