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| **For Office Use Only** |
| Protocol number: | Click or tap here to enter text. |
| Principal Investigator / Course Instructor: | Click or tap here to enter text. |
| Expiry Date: | Click or tap to enter a date. |
| Date Closed: | Click or tap to enter a date. |



Study Closure Form

CONFIDENTIAL

Protocols must be closed when experiments or teaching activities are complete or when protocols have expired. Submission of this form will indicate to the SMU ACC that the Animal Use Protocol should be closed.

# For more information on study closures, please contact the ACC Coordinator and visit the SMU [ACC website](https://www.smu.ca/fgsr/fgsr-animal-care-committee.html).

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| **PROJECT INFORMATION** |
| **Protocol #:** Click or tap here to enter text.**Title:** Click or tap here to enter text.**Principal Investigator or Course Instructor:** Click or tap here to enter text.**Completion date:** Click or tap to enter a date. |
| **STUDY CLOSURE INFORMATION** |
| **Provide a brief summary (a few sentences) of study progress and results:**Click or tap here to enter text.**Please explain why the study is being closed:**[ ]  Data collection completed [ ]  Other (please specify)Click or tap here to enter text.**Have all protocol modifications been reviewed and approved by the ACC?** Choose an item.If ‘No’, please explain:Click or tap here to enter text.**Have all animal welfare incidents been reported to the ACC?** Choose an item.If ‘No’, please attach an Incident Report Form detailing any unreported incidents.Click or tap here to enter text.**Since receiving original ACC approval, have any ethical concerns arisen that have not been reported to the ACC?** Choose an item.If ‘Yes’, please describe in detail:Click or tap here to enter text.**Please provide information on the animals used in this protocol:**

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| Animal Species(common name) | Number of animals used since January 1st of this year |
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**Please provide additional information here if needed:**Click or tap here to enter text. |
| **DECLARATION & SIGNATURE** |
| By clicking the certify and submit button below, I certify that no further work will be completed under this protocol and understand that this protocol will be closed. I also certify all the information given here to be accurate and true. [ ]  **I certify and submit** **Date submitted:** Click or tap to enter a date.Email to: animalcare@smu.ca  |
| **Note:** this form cannot be processed unless all sections are completed.This protocol is now closed. A new Animal Use Protocol Form must be submitted to and approved by the SMU ACC if this work is to continue in the future.  |