**Please complete only if:**

1. **All data collection is complete and;**
2. **All data analyses are complete**

|  |  |  |
| --- | --- | --- |
| **Principal Investigator**:       | **Phone:**       | **Email:**  |
| **Address:**  | **Fax:**  |  |
| **Title of Study:**       |
| **MIRB #:**       |
| **Funding Agency/Sponsor\*:**       |
| **Effective Study Closure Date**:       |
| **Reason for Study Closure:**  |
| **Species Used in this Investigation:**  |

**\****Please submit copies of any correspondence between the local site and funding agency/sponsor related to study closure along with this report, or when they become available.*

1. How many animals were approved by the IACUC for inclusion in this project?

1. How many animals were used for experiments?

1. Are there any animals remaining?

 [ ]  No

 [ ]  Yes. If yes, what is the disposition of these animals?

1. Please provide a summary of the research findings:

5. Were any manuscripts published from the work resulting from this study?

[ ]  No

[ ]  Yes. If yes, please list the publications:

1. Were any peer-reviewed abstracts presented from the work resulting from this study?

 [ ]  No

 [ ]  Yes. If yes, please list the abstracts and the meetings in which they were presented:

1. a. Have all manuscripts and abstracts been appropriately reported to the VAPHS Research Office?

 *(See the* [*VAPHS Presentation of Research Results*](https://vaww.visn4.portal.va.gov/pittsburgh/home/Research/Research%20Policies%20and%20SOPs/Forms/AllItems.aspx) *policy for additional information)?*

[ ]  No. If no, complete question 7.b.

 [ ]  Yes. Skip to Question 8

 [ ]  N/A- No manuscripts/abstracts have been published/presented.

 b. Please provide an explanation for not appropriately notifying the Research Office and a plan for notifying the R&D Office of all manuscripts and abstracts.

1. Will any manuscripts be sent for publication or abstracts presented based on the findings of this study in the future?

[ ]  No

[ ]  Yes

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Investigator’s Certification:

### *I certify that the above information is correct and complete. By completing this form I also certify that: 1) All data collection is complete and; 2) All data analyses are complete.*

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Signature of Principal Investigator Date