**PROTOCOL FOR ANIMAL USE AND CARE: AMENDMENT & RENEWAL**

IACUC USE ONLY

Project No. \_\_\_\_\_\_\_\_\_

Protocol Expires:

Please e-mail to: IACUC@newhaven.edu

**Project Number:**

**Date Originally Approved:**

**Project Title:**

**Principle Investigator:**

 I request closure of this expiring Animal Use and Care Amendment

 I request closure of this expiring Animal Use and Care Protocol

 All of the above

**Was the project successful according to the project proposal, what are your projected deliverables?**

 **By checking this box, I acknowledge that no further research can be conducted upon the completion of the project and this form. If research regarding this project is to be conducted, a new amendment or protocol needs to be submitted.**

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**Chair, Institutional Animal Care and Use Committee Signature**