

**Animal Use Protocol Final Report /Closure Form**

**President’s Committee on Animal Care**

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| 1. Title of Project: | |
| 2 AUP #: | Project Completion Date: |
| 3. Principal Investigator/ Department / Faculty | |
| 4. Were any animals adopted out? If so, by whom? | |
| 5. Provide a brief summary of your research results including such things as publications, conference presentations, student employment, student theses, grants received as a result, and any future plans for research involving these animals. | |

Thank you for filling out this form.

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***Signature of Principal Investigator Date***