FINAL REPORT FOR RESEARCH
UCA IACUC

Upon completion of your research project, complete this form and return to: Tina Pilgreen
Library 324

IACUC #: **Project Title:**

Investigator Name(s): **Phone:**

Department: **College:**

Research Project:

Date research started: Date completed or stopped:
(if the research was not completed as planned, **please explain**):

Reason for research project (check one):
☐ Faculty Research ☐ Graduate Thesis ☐ Undergraduate/Honors Thesis
☐ Class Assignment ☐ Independent Study

Did you receive UCA Research Funds? ☐ Yes ☐ No

Outside financial support (e.g., grant money)? ☐ Yes ☐ No
(**if YES** to outside support, name the funding source):

Animal Subject Information:

Species:

Total number of animals used:

Were any animals used in Pain and Distress classification D or E? ☐ Yes ☐ No

Disposition of animals at the end of the project:

Signature:

I understand I received IACUC approval for this project and time-frame. If I want to continue this project or a new project**,** I must reapply and receive IACUC approval again.

_____ _____
Signature of Primary Investigator Date