**University of the Philippines Diliman**

**Institutional Animal Care and Use Committee**

**TERMINAL REPORT**

**Principal Investigator:** Click or tap here to enter text.

**Protocol Review #:** Click or tap here to enter text.

**Name of protocol or procedure:** Click or tap here to enter text.

**Date of Approval:** Click or tap here to enter text.

**Approved protocol duration:** Start Date to End Date

**Animal Information**

*Add more rows if more than one species is used.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Species** | **Approved number of animals for the year** | **Number of animals used**  | **Difference** |
| Common name*Latin name*Strain |  |  |  |

*If the number of animals used exceeded the approved number of animals, please provide a detailed explanation of the circumstances that resulted in the overuse of animals.*

Click or tap here to enter text.

**In case of leftover animals, state whether you intend to:**

[ ]  euthanize the animals

[ ]  transfer the animals to another protocol

 To where? Click or tap here to enter text.

 To whom? <Principal Investigator>

 Protocol Review #: Click or tap here to enter text.

**Have there been any minor deviations from the approved protocol (change in research title, change in personnel, update in contact information, etc.)? If yes, provide the details and explanations.**

[ ]  Yes [ ]  No

Explanation:

Click or tap here to enter text.

**Have there been unexpected reactions, deaths, or other problems and adverse events that impacted animal welfare during the past year? If yes, provide the details and explanations.**

[ ]  Yes [ ]  No

Explanation:

Click or tap here to enter text.

**Will you be submitting a protocol to continue this project?**

[ ]  Yes [ ]  No

**If so, please submit an Animal Care and Use Statement (UPD IACUC Form 1) for review.**

Signature of the Principal Investigator:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_