**University of Delaware**

**Institutional Animal Care and Use Committee**

**Request to Terminate an Animal Use Protocol**

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| **Title of Protocol:** Click here to enter text. |
| **AUP Number:** Click here to enter text. | **🡨 (4 digits only)** |
| **Principal Investigator:** Click here to enter text. |

Please indicate the reason for termination:

[ ]  Animal work completed

[ ]  Animal model no longer appropriate

[ ]  Leaving university or research program

[ ]  Other: Click here to enter text.

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| **Official Use Only**IACUC Approval Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Rev. 10/2013