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**IBC Protocol Closure Form**

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| **A. Principal Investigator (PI)** |
| Name: |  | Department: |  |
| Email: |  |

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| **B. Protocol Information** |
| IBC Protocol Title:  |  |
| IBC Protocol Number: |  | Approval date: | Click or tap to enter a date. |
| Status:(Please check one.) | [ ]  Project was never conducted. Please close the file.[ ]  Project is complete. Please close the file. |

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| **C. Project Summary** |
| Please provide a brief summary of the project outcomes and products (e.g., plasmids, genetically modified organisms) below. |
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| Have all biological materials listed in the protocol been terminally inactivated and/or disposed of as indicated in the protocol? [ ] Yes  [ ] NoIf “no” is checked, describe plan below for maintaining the materials (e.g., transferring to new IBC protocol or new PI). |
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| I certify that the information contained in this form is complete and accurate. |
|  | Click or tap to enter a date. |
| **Principal Investigator Signature** | **Date** |

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| IBC Use Only |
| [ ]  Closed | Date: | Click or tap to enter a date. |
| Comments: |