

**WICHITA STATE UNIVERSITY  
 INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)  
 FINAL REPORT FORM**

Principal Investigator:

Protocol Title:

Protocol #:

Date of Initial Approval:

Expiration Date:

Animal Species:

**1. RECORD OF ANIMAL USAGE OR IF TISSUE STUDY CLICK HERE AND SKIP TO #2 ~~1050S055A(6)07a~~**

SPECIES	TOTAL # APPROVED FOR PROTOCOL	TOTAL # USED FOR PROTOCOL	TOTAL # USED FOR PAST YEAR

**4. PROBLEMS/ADVERSE EVENT T&T**