**Institutional Biosafety Committee – Closure Form**

To close your IBC protocol, please complete this form and submit to biosafety@uwsp.edu.

Principal Investigator:

Protocol Number:

Protocol Title:

Protocol Expiration Date:

Please check one of the following:

[ ]  Project was never conducted. Please close the file.

[ ]  Project is complete. Please close the file.

Project Summary

Please provide a brief summary of the project. Additional pages can be attached if applicable.

Signature of PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Co-PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

IBC USE ONLY BELOW THIS LINE

Date: Status: [ ]  Closed

Comments: