The IACUC must be notified when the activities under the protocol have been completed. Principal Investigators must complete this form and return it to the IACUC within **60 days** of a protocol being completed. All necessary documents must be submitted to [iacuc@georgiaaquarium.org](mailto:iacuc@georgiaaquarium.org) as Word documents once completed. Hard copies, scanned hard copies, and faxed copies of applications will not be accepted. Please note that the Project Completion form is not required for Section M Only requests. Please send a direct e-mail to the IACUC to notify that sample or data requests have been fulfilled.

**RESEARCH COMPLETED**

**PROTOCOL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Protocol Title: |  | | | | |  | | | | | | Principal Investigator: | |  | Protocol ID: |  | |  | | | | | |  | | | | | |

**ANNUAL SPECIES USAGE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Number of Animals Used Since Last Report: (complete table below)   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | B. Number of animals upon which research involved no animal handling. | | C. Number of animals upon which research involved no to minimal pain, distress, or use of pain-relieving drugs. | D. Number of animals upon which research involved pain or distress which was relieved with drugs. | E. Number of animals upon which research involved pain or distress that was not relieved with drugs. | Total Number of Animals (B+C+D+E) | | Amphibians |  | |  |  |  |  | | Birds |  | |  |  |  |  | | Elasmobranchs |  | |  |  |  |  | | Fish |  | |  |  |  |  | | Invertebrates |  | |  |  |  |  | | Mammals |  | |  |  |  |  | | Reptiles |  | |  |  |  |  | |  | |  | | | | | | |

**SUMMARY OF LAST YEAR’S ACTIVITIES**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  | | --- | --- | --- | | a. Provide a summary of the work that was completed since your last report and any pertinent findings: | | | |  | |  | |  |  | | |  | |  | | b. Describe any departures from the approved protocol or unexpected events that occurred: None | | | |  |  | | |  |  | | |  |  | | |

**RESEARCH DISTRIBUTION PLANS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | a. Do you have plans to write about this research in a formal paper or journal article? | | | | | | | | |  | | | | | |  | | | No | | | | |  | | | |  | | | | |  | | | | Yes, Formal Paper. Please describe: | | | | |  | | | |  | | | | |  | | | | Yes, Which journals do you plan to submit a manuscript to? (list all that apply) | | | | | | | | |  | | | | | | | | |  | | |  | | | | | |  | | | | |  | | | b. Do you have plans to use this research for a formal presentation? | | | | | | | | |  | | | | | | | | | No Yes, Please describe: | | | |  | | | | |  | |  | | | | | | | c. Do you have plans to present this research at a collaborative conference, workshop, and/or business meeting? | | | | | | | | |  | |  | | | | | | | No Yes, Abstract or Paper Yes, Poster Yes, Presentation | | | | | | | | |  | | | | | | | | | d. Which events do you plan to present the research at? (list all that apply) | | | | | | | | |  |  | | | | | | | |  |  | | | | | | | |  | |  | | | | | | |

**PRINCIPAL INVESTIGATOR AGREEMENT**

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| --- |
| I confirm that activities were conducted in accordance with the approved protocol (unless under emergency situations, noted under R2 of the approved protocol) and in accordance with all applicable local, state, and federal wildlife laws, including the Animal Welfare Act and Animal Welfare Regulations.  I confirm that all **Liability Waivers** for Section G exempted and secondary research personnel were submitted to Georgia Aquarium’s IACUC.  I understand that any Georgia Aquarium staff that were listed as investigators on this protocol must also be listed as authors on publications or presentations arising from this protocol.  I understand that I must send a copy of any paper or manuscript to Georgia Aquarium’s Research and Conservation Department at [gairesearch@georgiaaquarium.org](mailto:gairesearch@georgiaaquarium.org) for review, prior to such materials being distributed. I also understand that any presentations and/or conference materials can be requested for review at any time by the Senior Director of Research & Conservation and/or the IACUC Chair.  I understand that I am expected to supply 100 reprints of any primary publication to Georgia Aquarium or a PDF copy of the final manuscript for any publications arising from this protocol.  I understand that Georgia Aquarium may request my presence at the aquarium to make a presentation to staff or guests or to speak to the Public Relations department regarding this protocol.  I understand that Georgia Aquarium should be acknowledged in presentations made based on this protocol and that the [G-fish logo](https://www.georgiaaquarium.org/media-center/brand-guidelines/) should be used for this acknowledgement on either the title slide or the acknowledgements slide. |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Principal Investigator Name: |  | Signature Date: |  | Principal Investigator Signature:  To insert your signature, hover over and click on the photo icon below and select a saved photo of your signature. | |  |  |  |  | |  |  |  |  | |  |  |  |  | | Date Work Completed: |  |  |  | |  |  |  |  | |  |  |  |  | |