



## **Project Transfer or Closure**

Date

R&D Protocol Number

Principal Investigator

Project Title

Grant Title

Start Date

End Date

Email

Telephone

Funding Administrator (e.g. University, MVMREF, etc.)

Funding Agency

Transfer                      Yes    No

If yes, please identify the subcommittee:

Please include a reason for closure in the **Closing Abstract**

Note: *No activities, including use of previously collected data, may occur following closure.*

### **Attachments**

Closing Abstract

Final Publication (If Published)

Note: All VA data must be stored within the VA protected environment. All records containing VA data must be stored consistent with current VA records retention policy.

Principal Investigator Signature: