

## Request Form to Discontinue a Center or Institute

**Name of Unit**

Washington State University Monoclonal Antibody Center

**Website URL**<https://vmp.vetmed.wsu.edu/resources/monoclonal-antibody-center>**Director and Contact Information**

LAST NAME	FIRST NAME	WSU ID #	E-MAIL	PHONE #
Davis	William	17692583	davisw@wsu.edu	509-335-6051

**Discontinuation initiated by: [e.g., C/I director, oversight authority]**

LAST NAME	FIRST NAME	WSU ID #	E-MAIL	PHONE #
Davis	William	17692583	davisw@wsu.edu	509-335-6051

Rationale for discontinuation:

We need to change the status of the WSUMAC. An application to become a collaborative unit will be submitted, as it is more appropriate for the functioning of this entity. We do not have a cost center number and do not carry a large budget. It is a group of researchers working together in collaboration.

Effective date (must be within one year of this request):

month/day/year  Effective upon approval

Do both C/I director and oversight authority/authorities wish to discontinue the unit?

Yes  No

Are there any factors to consider in the discontinuation of the unit (e.g., completion of contractual obligations to stakeholders or funding agencies; transitioning data relocating staff; decommissioning facilities)?

there are no outstanding obligations

Phase Out Plan **Submitted By**

Hecox, Karen on Jan 23, 2021, 3:04:12 PM