ADVERSE/UNANTICIPATED EVENT REPORTING FORM

For use in reporting adverse/unanticipated outcomes associated with animals used in research, testing or teaching. Refer to the IACUC Policy: Adverse & Unanticipated Outcomes Reporting

Principal Investigator: ___________________________ IACUC Protocol Number: __________________

Date/Time of finding: ___________________________ Location of Event: ___________________________

Species: ______________________________________ Number of animals: _______________________

Animal Cage Card #s if known ________________________________________________

Name/Contact Information of Person Submitting Report*: ________________________________

(*not required; you may remain anonymous)

1. Please provide a description (include dates and details) of the adverse event/unanticipated event:

2. Please provide a description of how this event/problem was managed/resolved:

Date of Submission: ________________________

Outcome: ☐ Treated/Recovered ☐ Euthanized ☐ Deceased ☐ Unknown ☐ Other________________________