INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE POLICY

Adverse & Unanticipated Outcomes Reporting

Approval Date: July 16, 2018

DEFINITIONS

Adverse/Unanticipated Outcome: An adverse and unanticipated outcome is the occurrence of an unforeseen event that negatively impacts the welfare of research animal(s), involving pain, distress, and/or death of the animal. By definition, these are not identified as potential risks or outcomes in the approved IACUC protocol (e.g., part of the risk vs. benefit analysis section of the protocol form).

REPORTING REQUIREMENTS

The IACUC is required to monitor all research activities related to animal use at SUNY Downstate Medical Center. To assist the IACUC in fulfilling this requirement, all adverse/unanticipated outcomes should be reported in a timely manner.

When to report

Examples of events that are required to be reported:

1) Animal mortality or morbidity as a result of experimental conditions or outcomes not described in the approved IACUC protocol.
2) Animal mortality or morbidity in excess of that described in the approved IACUC protocol.
3) Animal mortality or morbidity in excess of humane endpoints described in the approved IACUC protocol.
4) Unforeseen events that lead to the harm of the animal(s) or that cause obvious distress not justified and approved in the protocol, such as
   a) Unexpected phenotypes of genetically modified animals, or
   b) Protocol procedure complications.
5) Unforeseen events that lead to the harm of the animal(s) or that cause obvious distress not associated with the approved protocol, including events associated with
   a) Animal housing and environmental conditions (e.g., mechanical or electrical failures),
   b) Animal husbandry and veterinary care (e.g., escape from primary containment, insufficient provision of food and/or water, non-response to veterinary care),
   c) Hazardous material contamination (e.g., water or food supply contamination, spills/exposures, radiation leak), or
   d) Natural disasters.

Examples of events that are not required to be reported:

1) Death or morbidity of animals described as expected in the approved IACUC protocol.
2) Injury/illness unrelated to approved procedures and being treated by the clinical veterinarians.
3) Phenotypic abnormalities described in the approved protocol, common phenotypic abnormalities described in the literature (e.g., ulcerative dermatitis in specific strains), or phenotypic abnormalities that have no negative impact on animal welfare.

What to report
An optional report form to capture this information is included and on the IACUC website. Reports should include the following information:
1) PI name and Protocol number
2) Date/time of finding
3) Location of event
4) Species involved
5) Number of animals (cage card numbers if available)
6) Brief description of the event
7) Name and contact information of person reporting event (not required)

How to report
Reporting of potential adverse/unanticipated outcomes can be made in person, by phone, or by email to any of the following entities. Individuals making reports may remain anonymous and are protected from reprisals when reporting in good faith.
1) Division of Comparative Medicine – DCM@Downstate.edu
2) The Office of Animal Welfare – IACUC.Welfare@Downstate.edu
3) The IACUC Chair – IACUC.Chair@Downstate.edu
4) SUNY Office of Compliance and Audit Services – 877-349-7869 or Compliance Line
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__________________