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________________

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