

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 _____