

## 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 \_\_\_\_\_