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 ___________________________