**Animal Use Protocol Information**

|  |  |
| --- | --- |
| Principal Investigator: | Principal Investigator Title: |
| Phone: | E-mail Address: |
| IACUC Protocol#: | Protocol Title: |

**Unanticipated Adverse Event- Incident Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Incident: | | Approx. Time of Incident : | |
| Location of Incident: | | Animal Housing Location: | |
| Species/Description: | | Animal ID: | |
| Incident Description (include as much information as possible): | | | |
| Outcome:  Treated/Recovered  Treated/Euthanized  Fatal  Describe Actions Taken: | | | |
| Was Attending Veterinarian contacted?:  Yes  No | Is this event related to the research?  Related  Possibly Related  Not Related | | Is the possibility of this event noted in the current approved protocol?  Yes  No |

**Future Prevention**

|  |
| --- |
| Describe steps to mitigate future re-occurrences: |

**To be completed by IACUC Staff:**

|  |  |
| --- | --- |
| Does this event require an amendment be made to the protocol?  Yes  No | Corrective Actions Approved by Attending Veterinarian?  Yes  No |
| Further Considerations/Comments/Notes: | |