**Animal Use Protocol Information**

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| --- | --- |
| 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 [ ]  FatalDescribe 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**

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| --- |
| 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:  |