

Lifespan IACUC Unanticipated Event Reporting Form

Use this form to report incidents that jeopardize the health or well-being of animals or other unanticipated adverse events or problems resulting in actual harm or death to animals.

Reporting Date: Click here to enter text.

Project Title: Click here to enter text.

CMTT#: Click here to enter text.

Principal Investigator: Click here to enter text.

Phone: Click here to enter text.

email: Click here to enter text.

Reporting Individual (if not PI): Click here to enter text.

Phone: Click here to enter text.

email: Click here to enter text.

1. Veterinary Notification

- ☐ No, veterinary staff has not been contacted about this event.
- ☐ Yes, veterinary staff has been contacted.

Name(s) of contact: Click here to enter text.

Date of contact: Click here to enter text.

2. Description of Adverse Event

a. Nature of Event

- ☐ Unanticipated animal death, or greater than anticipated frequency of animal death
- ☐ Unanticipated morbidity and/or nonfatal complication
- ☐ Other (*Explain*) Click here to enter text.

b. Date of Adverse Event(s): Click here to enter text.

c. Species involved: Click here to enter text.

d. Number of animals affected: Click here to enter text.

e. **Event Narrative:** (*Briefly describe the event and compare/contrast it with the anticipated events included in the approved protocol.*)

Click here to enter text.

f. **Cause of Event:** (*Please provide your best estimate as to the cause of the adverse event(s). Describe supporting evidence, if any.*)

Click here to enter text.

3. Remediation and/or Corrective Action

a. **Corrective Actions:** (*Briefly describe any actions taken to reduce the recurrence of the same or similar unanticipated events.*)

Click here to enter text.

b. Protocol Amendment

- ☐ A protocol amendment has been submitted. Date: Click here to enter text.
- ☐ A protocol amendment will be submitted.
- ☐ The approved protocol does not need to be amended. *Explain:* Click here to enter text.