**Report of Adverse Event**

|  |  |  |
| --- | --- | --- |
| Date Received | Date Completed | Report # |
|  |  | AE\_#\_Year |

|  |  |  |
| --- | --- | --- |
| **PI Name** | **Protocol #** | **Protocol Title** |
|  |  |  |

|  |
| --- |
| **1. Category of Adverse Event (check all that apply)** |

|  |
| --- |
|[ ]  **A. Higher than expected mortality.** An increase in the percentage of mortality as a direct result of protocol procedures (e.g., protocol predicts 15% death during a surgical procedure expected, but 30% death is occurring). |
|[ ]  **B. Unexpected mortality.** An increase in the percentage of mortality due to illness or injury unrelated to a protocol procedure (e.g., infectious disease, injury caused by aggression, etc). This does not include euthanasia or criteria for moribundity that are reasonably expected as part of the protocol procedures and are listed on the protocol. |
|[ ]  **C. Unexpected clinical signs.** An animal develops clinical signs as result of an approved procedure (e.g., administration of a drug causes unexpected diarrhea) or due to illness or injury unrelated to a protocol procedure. This does not include clinical signs that are reasonably expected as part of the protocol procedures and are listed on the protocol (e.g., frequent urination in animals with diabetes). |
|[ ]  **D. A condition that jeopardizes the health or well-being of animals.** This includes accidents, mechanical failures, and natural disasters that result in harm or death to animals. |
|[ ]  **E. Other.** The incident does not fit one of the above categories, or you are unsure which category to choose. |

|  |
| --- |
| **2. Notifications -** Indicate who has been notified of this event (check all that apply) |

|  |
| --- |
|[ ]  **A. Principal Investigator** |
|[ ]  **B. Veterinarian** |
|[ ]  **C. IACUC Chair** |
|[ ]  **D. Vivarium Manager** |
|[ ]  **E. Other** |

|  |
| --- |
| **3. Describe Event -** Include dates, species, number of animals involved and a description of the adverse or unanticipated event |
|  |
| **4. Describe corrective action taken by the PI or research staff -** Include dates and indicate who performed corrective actions. |
|  |

|  |
| --- |
| **5. Results of IACUC Review** |
|[ ]  **A. Corrective action described under #4 is sufficient.** |
|[ ]  **B. Additional corrective action needed as specified below.** |
|  |
|[ ]  **C. Submission of an amendment is needed as specified below.** |
|  |
|[ ]   **D. Reportable?** |
| [ ]  **OLAW –** Date: [ ]  **AAALAC –** Date: [ ]  **USDA** – Date:  |