IACUC Adverse Event Reporting Form

Protocol #:\_\_\_\_\_\_\_\_\_\_\_ Primary Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Event: \_\_\_\_\_\_\_\_\_\_\_\_ Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personnel involved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Event:

(A timeline will probably be helpful here.)

Possible explanations of why this occurred:

Definitive diagnosis (if possible):

What was immediately done to remedy/fix this problem:

How will you prevent this happening again:

A brief explanation of how you plan to go forward with this study and what modifications (if any) are you going to have to make to your numbers/procedures in light of this advent.

(You will need to submit a separate IACUC amendment form if you are significantly changing your procedures or are requiring more animals).