**Report of Adverse Event/Unanticipated Outcome** IACUC Office Use Only

|  |  |  |  |
| --- | --- | --- | --- |
|  | Date Received | Completion Date | Report # |
| Email completed form to: orcr-iacuc@email.arizona.edu |  |  |  |

|  |  |  |
| --- | --- | --- |
| **PI Name** | **Protocol #** | **Name of Individual Making Report with Contact Information\*** |
|  |  |  |

\*Leave this field blank and fax to 621-8833, or call 626-1247 to submit a report anonymously

**1. Category of Adverse Event/Unanticipated Outcome (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., 20% death during a surgical procedure is expected, but 60% death is occurring). |
|[ ]  **b. Unexpected death of an animal.** An animal dies either as a result of an approved procedure (e.g., death during anesthesia\*, administration of a drug) or an animal dies due to illness or injury unrelated to a protocol procedure (e.g., infectious disease, injury caused by aggression). **\*For rodents:** Only report >3 fatalities/100 animals anesthetized/strain. |
|[ ]  **c. Unexpected euthanasia of an animal.** This does not include euthanasia as part of the protocol or for criteria for moribundity that are reasonably expected as part of the protocol procedures and are listed on the protocol (e.g., development of a tumor in mice known to spontaneously develop tumors). |
|[ ]  **d. 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). |
|[ ]  **e. Observation of a negative phenotype in rodents.** Negative phenotypes may be observed when strains are acquired from a new source, two strains are crossed or a transgenic strain is developed. Negative phenotypes include early mortality, spontaneous development of tumors, neurological conditions, blindness, skin conditions, reduced fertility, etc. |
|[ ]  **f. A condition that jeopardizes the health or well-being of animals.** This includes accidents, mechanical failures, and natural disasters that results in harm or death to animals. |
|[ ]  **g. Failure of appropriate post-procedural monitoring to ensure the well-being of animals.** This includes recovery from anesthesia, post-surgical monitoring or during recuperation from invasive or debilitating procedures. |
|[ ]  **h. Failure to maintain appropriate animal-related records.** This includes animal identification (including cage cards) or medical and husbandry records (including post-operative monitoring, analgesia or feeding records). |
|[ ]  **i. Failure to ensure death of animals after euthanasia procedures.** This includes all euthanasia methods, including waking from CO2 euthanasia. |
|[ ]  **j. Failure of personnel to carry out veterinary orders, such as required treatments.** |
|[ ]  **k. Frequent incidents of drowning or near-drowning of rodents in cages as a result of issues with water source.** |
|[ ]  **l. Accident during animal transport resulting in either an injury (animal is treated or euthanized), or death.** |
|[ ]  **m. Escape of a laboratory animal without recovery.** |
|[ ]  **n. 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. UAC Veterinarian** |
|[ ]  **c. UAC Husbandry Coordinator** |
|[ ]  **d. 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. Notifications**

**Completed by IACUC Office:** *Indicate who has been notified of this event (check all that apply)*

|  |
| --- |
|[ ]  **a. IACUC** |
|[ ]  **b. UAC Veterinary Services** |
|[ ]  **c. AV notified for AAALAC or USDA reporting** *(notification occurs when process is complete)* |
|[ ]  **d. Principal Investigator** *(if not previously notified)* |

**6. Results of Review by UAC Veterinary Staff**

|  |
| --- |
|[ ]  **a. Corrective action described under #4 is sufficient** |
|[ ]  **b. Additional corrective action needed, may include submission of an amendment to the IACUC** |
|[ ]  **c. Corrective action has been communicated to the PI and its implementation is being overseen by a UAC Veterinarian** |
| **Comments:** |  |