**Lifespan IACUC Unanticipted 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.