**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.