

IACUC Highlands Biological Station Adverse Event Report

I. ADMINISTRATIVE INFORMATION

ANIMAL WELFARE OBLIGATION: All individuals participating in WCU animal care and use activities are **obligated** to assure animal well-being for all animals engaged in such activities. If an adverse event/unanticipated event occurs, the individual having knowledge of the event is **obligated** to report or assure a report of the adverse event/unanticipated event has been reported to the WCU IACUC.

IACUC Protocol Number:

Study Title:

Principal Investigator:

Institution:

II. REPORTING INDIVIDUAL INFORMATION

Reporting Individual:

Phone Number:

Email Address:

III. EVENT INFORMATION

Date of event:

Time of event:

Date and time the event was discovered:

Location of animals:

Briefly describe the event:

Was IACUC veterinary staff contacted? Yes No

IV. CORRECTIVE ACTIONS

What actions were taken to address/correct/resolve the problem/event?

What actions are being implemented to minimize the likelihood of recurrence of the problem/event in the future?

Does this problem/event necessitate revision of the protocol? Yes No

V. INVESTIGATOR STATEMENT

By submitting this request, I declare that I have reviewed this report which provides a complete and accurate description of the event and that upon receipt of the IACUC's review, I will fully and immediately implement any corrective actions required by the IACUC. Using the checkbox below constitutes my electronic signature to this application.