**IACUC Unanticipated** **Event Form**

An unanticipated event or suspected adverse event is not consistent with the risk or outcome information described in the IACUC protocol form (IPF), amendment or safety monitoring plan. As such unanticipated events may include the signs or symptoms resulting from an animal model, procedure performed improperly, wrong administration of a drug or test article including overdose, or drugs causing interactions, leading to an episode of unrelieved pain/distress due to experiment/testing/research/training performed.

**1. General Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Protocol Number |  | USDA Pain Category |  |
| Title |  |
| Principal Investigator |  | PI contact information | *Phone:* *Email:* |
| Date of Event |  | Date Submitted |  |

**2. Description of Unanticipated Event**

Describe the unanticipated event in detail:

Click here to enter text.

Estimated duration of pain and/or distress for the animal(s):

Click here to enter text.

Describe contributing factors that may have led to the event:

(Please avoid in-depth speculations to the clinical reasons behind the event unless information included has been shared by the veterinarian. IACUC needs accurate information in order to evaluate the event.)

Click here to enter text.

**3. Action**

Describe corrective actions taken to resolve this event:

Click here to enter text.

Describe actions to be taken to prevent this event from occurring in the future:

Click here to enter text.

Does this event necessitate a change in the IACUC proposal?

[ ]  No [ ]  Yes. If yes, complete and submit an IACUC Amendment Form for review.

**4. Veterinary Assessment/Recommendations**

Severity of Event/Problem:

[ ]  Mild [ ]  Moderate [ ]  Severe [ ]  Fatal

Remarks by Veterinarian.

Click here to enter text.

Signature of Veterinarian Date

Signature of Principal Investigator Date