![A black and white logo

AI-generated content may be incorrect.]()

**Institutional Animal Care & Use Committee (IACUC)**

**Unexpected/Adverse Event Reporting Form**

Please use this form to report any unexpected or unforeseen events that negatively impacted the welfare of animals (death, disease or distress) or creates human health risks. Once completed, please submit the signed form to [iacuc@bowdoin.edu](mailto:iacuc@bowdoin.edu).

Please do not hesitate to contact our Attending Veterinarian, Dr. Arthur Lage consultation. Dr. Lage can be contacted at: artlage123@gmail.com or 617 699-2256 (texting is available).

You may contact the Research Compliance Manager with any questions at [iacuc@bowdoin.edu](mailto:iacuc@bowdoin.edu).

|  |  |
| --- | --- |
| **PI Name:** |  |
| **Department:** |  |
| **Email:** |  |
| **IACUC Protocol Number:** |  |
| **IACUC Protocol Title:** |  |
| **Funding Source:** |  |

**Section A: Description of Unexpected/Adverse Event**

|  |  |
| --- | --- |
| **1. Date(s) the event occurred:** |  |
| **2. Location of event:** |  |
| **3. Species and number of animals affected:** |  |
| **4. Was the event related to the research, teaching or testing activity?** |  |

**5. Please provide a brief description of the event:**

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**Section B: Description of Outcome and Corrective Measures**

**1. Which of the following best describes the outcome:**

Animals were treated and recovered.

Animals were treated and then euthanized.

The event resulted in animal fatality.

Other (please describe):

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**2. Please provide a description of how this event was managed:**

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**3. Please provide a description of any corrective actions that have been (or will be) taken to ensure that this type of event does not occur in the future:**

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**4. Does this event require a change to your IACUC protocol?**

No.

Yes (please state whether the IACUC amendment has been submitted and provide a brief description of the required changes)

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|  |

**5. Has the Attending Veterinarian been consulted about this event?**

Yes

No

**Signature Section**

|  |  |
| --- | --- |
| Name: |  |
| Signature |  |
| Date: |  |