**Adverse Event or Protocol Deviation Report Form**

*For use in reporting adverse events or protocol deviations associated with animals*

*used in research, teaching, testing or outreach. Submit completed forms to* [*iacuc@uidaho.edu*](mailto:iacuc@uidaho.edu)*.*

Principal Investigator:       Department:

IACUC Protocol Number and Title:

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| **Description of the Adverse Event or Protocol Deviation** | | | | | |
| Date of Event/Problem: |  | | | Date Identified: |  |
| Species of Animal: |  | | | Number of Animals Involved: |  |
| Location of Event: |  | | | | |
| Outcome: | Treated/Recovered  Treated/Euthanized  Fatal  N/A | | | | |
| Was a veterinarian consulted? If yes, list veterinarian name and date of consultation. | | | Yes  No  Name and Date: | | |
| Does this event require a change to the IACUC protocol? If yes, submit an amendment. | | | | | Yes  No |
| Is this event related to the research? | | Related  Possibly Related  Not Related | | | |
| If funded, list the sponsors of this project: | |  | | | |

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| 1. Provide a detailed description and timeline of the adverse event or problem: |
|  |
| 1. Provide a description of how this event or problem was managed and corrected: |
|  |
| 1. Provide a description of the preventative actions taken to ensure that this type of event or problem does not occur in the future: |
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**Signature of Principal Investigator Date**