**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**.*

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:
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| 1. Provide a description of how this event or problem was managed and corrected:
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| 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**