

**INSTITUTIONAL ANIMAL CARE & USE COMMITTEE**

**ANIMAL ADVERSE EVENT FORM**

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| **ANIMAL ADVERSE EVENT PROCEDURES** | | | | |
| Adverse events are unexpected occurrences that unfavorably affect an animal’s welfare (death, injury, or distress).   * Fill out a separate Animal Adverse Event Form for each adverse event. * If the adverse event has resulted in an emergency, notify the veterinarian immediately, before completing this form. * Submit a completed copy of this form to [iacuc@usm.edu](mailto:iacuc@usm.edu). * Anonymous complaints and inquiries can be made using this [link](https://usmforms.formstack.com/forms/anonymous_iacuc_concerns_form). * Under USM’s [Animal Subjects Research Policy](https://usm.policystat.com/policy/11977643/latest/) and USM IACUC SOP 8, all complaints are protected from nondiscrimination and retaliation. * All submissions will be treated confidentially.   Last Updated 08/27/2025 | | | | |
| Today’s Date: | | | Click or tap to enter a date. | Date of the Event: | Click or tap to enter a date. |
| PROJECT INFORMATION | | | | | |
| Project Title: | | | Click or tap here to enter text. | | |
| Protocol Number: | | | Click or tap here to enter text. | Department: | Click or tap here to enter text. |
| Principal Investigator: | | | Click or tap here to enter text. | USM ID Number: | Click or tap here to enter text. |
| USM Email Address: | | | Click or tap here to enter text. | USM Phone Number: | Click or tap here to enter text. |
| EVENT DESCRIPTION | | | | | |
| Reporting Individual: | | | Click or tap here to enter text. | USM ID Number: | Click or tap here to enter text. |
| USM Email Address: | | | Click or tap here to enter text. | USM Phone Number: | Click or tap here to enter text. |
| Location of the Adverse Event: | | | Click or tap here to enter text. | Date & Time Event Was Discovered: | Click or tap here to enter text. |
| Which of the following resulted from the event? | | | | | |
|  | | Death of an animal | | | |
|  | | Physical injury to an animal | | | |
|  | | Animal sickness or disease | | | |
|  | | Animal distress | | | |
| Was the IACUC attending veterinarian contacted? | | | | | |
|  | | Yes | | | |
|  | | No | | | |
| Briefly describe the event: | | | | | |
| Click or tap here to enter text. | | | | | |
| Briefly describe any corrective actions taken to prevent similar future events: | | | | | |
| Click or tap here to enter text. | | | | | |