

**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.
* 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. |