UNIVERSITY OF TEXAS AT ARLINGTON

IACUC ADVERSE EVENT REPORT FORM – *for use in reporting unanticipated events   
related to research activities*

**Instructions**: Please use this form to report details of an Adverse Event in accordance with the [Reporting Adverse Events SOP](https://resources.uta.edu/research/regulatory-services/animal-subjects/iacuc-policies-and-procedures.php).

**PLEASE NOTE**: Any illness, pain, distress, or animal death must be separately and immediately reported to the Animal Care Facility (ACF) Manager according to the [IACUC Veterinarian Notification of Animal Welfare Issues SOP](https://resources.uta.edu/research/regulatory-services/animal-subjects/iacuc-policies-and-procedures.php), acf@uta.edu or 817-272-5236/817-272-0743. This notification is separate from the Adverse Event Report in order to immediately address pending welfare issues and provide care or treatment if necessary.

|  |  |
| --- | --- |
| Protocol #: | Click here to enter text. |
| Protocol Title: | Click here to enter text. |
| Principal Investigator: | Click here to enter text. |
| Today’s Date: | Click here to enter a date. |

**Description of the Adverse Event**

|  |  |
| --- | --- |
| Date of Event: | Click here to enter a date. |
| Date Identified: | Click here to enter a date. |
| Species of Animal\*: | Click here to enter text. |
| Number of Animals Involved: | Click here to enter text. |
| Location of Event: | Click here to enter text. |

\*Adverse events affecting USDA-regulated species require a separate report per affected animal

**Is the possibility of this event noted in the current approved IACUC protocol?**

|  |  |
| --- | --- |
| **Yes** | **No** |

**If yes, please describe how and where it is addressed in the protocol:**

|  |
| --- |
| **Click here to enter text.** |

**Does this event require a change to the protocol (e.g., procedures, personnel, training plan)?**

|  |  |
| --- | --- |
| **Yes** | **No** |

**If yes, please submit an** [IACUC Amendment Form](https://resources.uta.edu/research/regulatory-services/animal-subjects/forms.php) **with this report.**

**Provide a detailed description of the adverse event. Include the personnel involved and the disposition/current status of the animals involved (e.g., treated, recovered, euthanized, fatal, etc.):**

|  |
| --- |
| Click here to enter text. |

**Provide a description of how this adverse event was managed, including any consultation with Attending Veterinarian, ACF Manager, ACF Staff, etc.:**

|  |
| --- |
| Click here to enter text. |

**Provide a description of any corrective actions already taken and/or planned to avoid recurrence of this event:**

|  |
| --- |
| Click here to enter text. |

Please email this form within 5 business days of the incident to [regulatoryservices@uta.edu](mailto:regulatoryservices@uta.edu).