**Text

Description automatically generated**

**INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE**

**ADVERSE EVENT/UNANTICIPATED OUTCOME REPORTING FORM**

**(Please type. Handwritten copies cannot be accepted)**

Submit completed form to: iacuc@tamusa.edu

**IACUC/AUP Protocol #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adverse Event:** *Any happening that is not consistent with routine expected outcomes that results in any unexpected animal welfare issues (death, disease, or distress) or human health risks (zoonotic disease or injuries).*

Date of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Species: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of animals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outcome: Treated/Recovered  Treated/Euthanized  Fatal  Other (please describe below)

Click or tap here to enter text.

Is this event related to the research?  Related  Possibly Related  Not Related

Is the possibility of this event noted in the current approved protocol?  Yes  No

1. Please provide a brief description of the adverse event/unanticipated outcome:

Type here

1. Please provide a description of how this event/outcome was managed:

Type here

1. Please provide a description, if known, of any corrective actions taken to ensure that this

Type here

type of event/outcome does not occur in the future:

**Changes necessitated by adverse event/unanticipated outcome**

Does this adverse event**/**unanticipated outcome require a change to the protocol?

Yes  No

Has an amendment to the protocol been submitted for IACUC review?  In Process  Yes  No

Date of Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return to:

[iacuc@tamusa.edu](mailto:iacuc@tamusa.edu)

Contact the Office of Research Compliance with any questions:

210-782-2344

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