INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE [IACUC] – INCIDENT REPORT FORM

The Incident Report Form is used for unexpected incidents, adverse events, and noncompliance. Submit the completed form and relevant documentation to [IACUC@oregonstate.edu](mailto:IACUC@oregonstate.edu).

Use this form to report:

* Any unexpected event or outcome that resulted in an animal welfare issue (death, disease, distress), or a human health or safety issue (zoonotic disease or exposure, injuries)
* Any noncompliance associated with OSU’s Animal Care and Use Program
* Any animal welfare concern associated with OSU’s Animal Care and Use Program

Name:       Contact information:

*Do not complete if you wish to remain anonymous*

**Principal Investigator**:       **E-mail**:       **Phone**:      Incident Report

**Department:**

**ACUP #:**       **Title:**

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| --- |
| 1. **Type of Incident** (check all that apply):   Unexpected animal morbidity or mortality  Unexpected human health event  Noncompliance with ACUP, Policy, Program  Facility or life support system event  Animal Welfare Concern Report     1. **Incident Date(s):** |
|  |
| Species/group/type of animals involved       Facility/Room/Location: |
| Number of animals affected:       Select % of animals affected within group:  Effect on animals: |
|  |
| 1. **Persons involved in incident(s):**   Training & related experience of persons involved:     1. **Summary of incident**:      1. **Cause of incident:** |
|  |
| 1. **Outcome of incident:** |
|  |
| 1. **Immediate Management of the incident:** |
|  |
| Management Plan moving forward:Changes necessitated by incident: |
| **Please describe:** |

COMPLETION BY IACUC OFFICE:

Date and Description – Initial Review:

Action:

Date and Description – Additional Review:

Action: