Institutional animal care and use committee

**Incident Report Form**

The Incident Report Form is used for unexpected incidents, adverse events, and protocol 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, which results in an animal welfare issue (death, disease, or prolonged distress), a human health issue or increase in risk to human health (zoonotic disease or exposure, injuries)
* Any noncompliance associated with IACUC oversight activities
* Any animal welfare concern associated with the OSU animal care and use program

**Person completing form**:       **Contact information**:

*Do not complete if you wish to remain anonymous*

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

Department:

ACUP #:       Title:

|  |
| --- |
| 1. **Type of Incident (check all that apply):**   Unexpected animal morbidity or mortality  Unexpected human health event  Noncompliance with ACUP, Policy, Req’d. References  Facility or life support system event  Animal Welfare Concern Report     1. **Incident Date(s):** |
| **Were animals affected by this incident?** |
| **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: