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.

**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: