**Incident Report Form**

Send the completed form to the Laboratory Animal Resources Center ([larc@oregonstate.edu](mailto:larc@oregonstate.edu)) or fax to 541-737-5637. **Incomplete forms will be returned to the investigator.**

|  |  |  |
| --- | --- | --- |
| **Date:** | |  |
| **Principal Investigator:** | |  |
| **Phone #:** | |  |
| **ACUP #:** | |  |
| **Reported by Whom:** | |  |
| **Describe incident:** | | | | | |
| **Vet Issue?**  **Yes  No** (Notify Dr. Diggs) | | | | | |
| **Staff Issue?  Yes  No** (Notify Bob Murray, LARC Manager) | | | | | |
| **Facility Issue?  Yes  No** (Notify Facility Services or, for Pharmacy, Terri Allen 7-5677) | | | | | |
| **Resolution:** | | | | | |
| **Completed:** | Dr. Diggs | | | **Date:** |  |