institutional animal care and use committee [iacuc]

INCIDENT REPORT FORM

This form is used to provide information to the IACUC.

Example reports include: unexpected outcomes, adverse events, non-compliance, inspection deficiencies, regulatory citations, and any other concerns related to OSU’s animal care and use program.

Submit the completed form and relevant documentation to [APOffice@oregonstate.edu](mailto:APOffice@oregonstate.edu).

Anonymous reports may also be submitted to OSU’s [Office of Audit Services](http://leadership.oregonstate.edu/audit), or through the [EthicsPoint](https://secure.ethicspoint.com/domain/en/report_company.asp?clientid=41096&override=yes&agreement=no) system.

Report submitted by:

Name:       Contact information:       Date:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Type of Incident or Concern** (*check all that apply*):  |  |  | | --- | --- | | Unexpected animal morbidity or mortality | Unexpected human health exposure or event | | Animal Welfare Concern Report | Facility or Equipment issue | | Non-compliance: Protocol, Policies, Program | Deficiency or Citation from Oversight Entity | | Other: | Referral to another Unit or Department | |  | |  1. **Summary of Incident/Concerns and potential causes:**      1. **If the IACUC has requested additional information, provide details here and/or attach additional documents:**      1. **Timeframe/Dates:**      1. **PI and IACUC Protocol:**   Responsible Authority or PI:       E-mail:       Phone:  IACUC Protocol #:       Title:   1. **Animals involved:** N/A – no animals were involved |
| |  |  | | --- | --- | | Species: | Rooms/Facilities/Sites: | | # of animals affected: | % of group affected: | | Were medical/clinical issues promptly reported to the Attending Veterinarian and otherwise attended to, per the approved IACUC Protocol?  Yes  No | |  1. **Participants:**  |  | | --- | | If someone was hurt, ill, injured, etc., was the incident reported promptly, per appropriate OSU procedures and channels?  Yes  No  N/A |  * 1. Participant Training Review – IACUC Prerequisites:  |  |  | | --- | --- | | Yes  No | Was IACUC training completed? (“Working with the IACUC” and similar courses) | | Yes  No | Was Animal Handler Safety training completed? (and other EH&S training, as required) | | Yes  No | Enrolled in the Animal Exposure Program (AEP) through Occupational Health Services? |  * 1. Participant Training Review – Protocol-Specific: |
| |  |  | | --- | --- | | Yes  No | Did Participants have access to the following:   * IACUC protocol, SOPs, Policies, Procedures? * Supervisors, veterinary staff, IACUC staff? | | Yes  No | Is additional or “Refresher” assistance/training indicated? | | Describe participant involvement below: | |  1. **Actions taken to date:**   Describe below:    Yes  No  N/A Is a Protocol Amendment needed to describe upcoming changes?  Yes  No  N/A Does the IACUC have requested/supporting information? (records, etc.) |
| * 1. **Provide immediate and short-term management of these concerns:** |
| Provide long-term management plans to resolve these concerns: |
|  |

**COMPLETION BY IACUC and Animal Program Office**

Action: , date and description below:

Action: , date and description below:

**Additional Questions**

1. Is the information provided acceptable? Can it be resolved as-is?  Yes  No

If not, provide questions or comments with respect to addition information that should be provided:

1. Referred to the IACUC?  Yes  No
2. Referred to the Department Head or equivalent?  Yes  No
3. Referred to Dean or equivalent?  Yes  No
4. Referred to the Institutional Official?  Yes  No
5. Does the IACUC believe that further investigation is warranted?  Yes  No
6. How will we know that this is resolved at the review or inspection?