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**INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE**

**ADVERSE EVENT/UNANTICIPATED OUTCOME REPORTING FORM**

**(Please type. Handwritten copies cannot be accepted)**

Submit completed form to: iacuc@tamusa.edu

**IACUC/AUP Protocol #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adverse Event:** *Any happening that is not consistent with routine expected outcomes that results in any unexpected animal welfare issues (death, disease, or distress) or human health risks (zoonotic disease or injuries).*

Date of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Species: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of animals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outcome:[ ]  Treated/Recovered [ ]  Treated/Euthanized [ ]  Fatal [ ]  Other (please describe below)

Click or tap here to enter text.

Is this event related to the research? [ ]  Related [ ]  Possibly Related [ ]  Not Related

Is the possibility of this event noted in the current approved protocol? [ ]  Yes [ ]  No

1. Please provide a brief description of the adverse event/unanticipated outcome:

Type here

1. Please provide a description of how this event/outcome was managed:

Type here

1. Please provide a description, if known, of any corrective actions taken to ensure that this

Type here

type of event/outcome does not occur in the future:

**Changes necessitated by adverse event/unanticipated outcome**

Does this adverse event**/**unanticipated outcome require a change to the protocol?

 [ ]  Yes [ ]  No

Has an amendment to the protocol been submitted for IACUC review? [ ]  In Process [ ]  Yes [ ]  No

Date of Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return to:

iacuc@tamusa.edu

Contact the Office of Research Compliance with any questions:

210-782-2344

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