**Texas Tech University Health Sciences Center**

INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

**ADVERSE EVENT/UNANTICIPATED OUTCOME REPORTING FORM**

**IACUC No(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date of Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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

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 of event/outcome does not occur in the future:

Type here

**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