**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