**IOWA STATE UNIVERSITY**

**Institutional Animal Care and Use Committee**

**Unanticipated Event Form**

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

**Instructions:**

* Investigators should report unanticipated events to the Attending Veterinarian (AV) within 24 hours of the occurrence. The AV can be reached at 515-509-7264 or [msauer@iastate.edu](mailto:msauer@iastate.edu).
* When indicated by the AV, investigators should submit this completed form to the IACUC office ([iacuc@iastate.edu](mailto:iacuc@iastate.edu)) within 7 days of the occurrence so that the IACUC can help assure that the problems are addressed in a timely manner and that potential pain and distress for the animal(s) have been addressed. *Depending on circumstances, non-timely submission of this form may lead to potential noncompliance.*
* If “Yes” is selected for Question 9 below, the investigator should submit the amendment within 14 days of the occurrence in [a-tune.](https://vpr009.its.iastate.edu/tickatlab/default.aspx)
* All work related injuries, illnesses, or exposures must be reported.  An Incident Report (IR) must be completed by the injured employee and/or the supervisor through the [ISU Incident Portal](https://www.ehs.iastate.edu/services/occupational/accidents-injuries) within 24 hours of the incident.”

**Principal Investigator:**       **Email:**

**Department:**       **Telephone:**

**Project Title:**

**IACUC Log #:**

1. **Event Date:**
2. **Date the event was reported to the Attending Veterinarian:**
3. **Location of Event:**
4. **Severity of Event:**  **Moderate**  **Severe**  **Fatal**
5. **Is this event related to the research?**

**Related**  **Possibly Related**  **Not Related**

1. **Please provide a detailed description of the event and how it was managed, including:**

* ***cause,***
* ***timeline,***
* ***interventions,***
* ***treatment attempts, and***
* ***outcome*.**

1. **Date animals were or will be submitted for necropsy:**

**Please attach any necropsy reports.** Do not wait to receive necropsy reports to submit this form. Please submit necropsy report as soon as it is available.

1. **Please provide a detailed description of the corrective and preventative actions taken or that will be taken to ensure this type of event does not occur in the future.**
2. **Does this event necessitate a change in the protocol?**  **Yes**  **No**

If “Yes,” please submit an amendment to your protocol in [a-tune.](https://vpr009.its.iastate.edu/tickatlab/default.aspx)

1. **Is any part of this study federally funded?**  **Yes  No**

**10.a Were federal funds used to fund the activity or part of the activity during which the unanticipated event occurred?  Yes  No**

**10.b Were these federal funds from the Department of Defense (DoD)?  Yes  No**