FLORIDA INTERNATIONAL UNIVERSITY

INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)

IACUC Event Form

Application For Reporting Animal Events

Instructions for Submitting the Report

This form is used for reporting protocol deviations and adverse events. Reports need to be submitted as soon as possible after the PI learns of the event. Serious events need to be submitted within 24 hours.

I. ADMINISTRATIVE DATA

A. Project Title: _____

B. IACUC Approval #: _____

C. Department: _____

D. Principal Investigator Information:

PI Name *(must be faculty)*: _____ Email Address: _____

PI Department Address: _____ Zip: _____

Campus Phone #: _____ Other Phone: _____

II. PROTOCOL INFORMATION

Indicate Funding Source, if applicable: _____

Type of Report

Indicate the type of report that you are filing.

(Protocol Deviation or Adverse Event)

Date of the Event

Provide the date of the event.

Personnel Involved

Name(s) of personnel involved:

	Position

Location of Event
Indicate location where event occurred.

Reason for Reporting (Check all that apply).

- ☐ Higher than expected levels of mortality than approved in the IACUC protocol.
- ☐ Mortality due to complications unanticipated in the approved protocol.
- ☐ High "cluster" mortality (Cluster mortality is defined as a grouping of animal deaths occuring closely together, significantly above anticipated study loss levels).
- ☐ Morbidity/non-fatal complications significantly beyond that anticipated in the approved protocol, especially those creating difficult to manage levels of pain and distress.
- ☐ Protocol Deviation. Protocol deviations refer to departures, omissions or mistakes made by the research team that are inconsistent with the intent of the approved protocol.
- ☐ Other

Animal Numbers
Number of animals impacted:

Description of Event
Provide a short narrative describing the adverse event(s) occurring.

Pathogenesis
Preliminary considerations as to the pathogenesis of the adverse event(s). (If applicable).

Diagnostics
If applicable, provide any existing or pending diagnostics, data or reports that may help further explain the cause(s) of the adverse event(s). (A report can be included as an attachment).

Additional Information
Briefly summarize any additional information, extenuating circumstances or other details that may be helpful in reviewing this matter.

Corrective Action Plan
Describe the proposed Corrective Action Plan to prevent future event(s) from occuring.

Consultation
Has there been prior communication or consultation with the Attending Veterinarian or IACUC member concerning this or similar adverse events?
☐ Yes
☐ No

Provide Details
Please provide any pertinent details.