|  |  |  |  |
| --- | --- | --- | --- |
| Principal Investigator Name |  | | |
| Department |  | | |
| Title of the Project |  | | |
| IACUC # |  | Funded by | N/A |
| Report Completed by |  | Date of Report |  |

Section 1: Basic Incident Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Incident | Protocol/Procedural Specific Incident (Complete Section 2) | | | Other (building related, electricity, etc.)  (Complete Section 3) |
| Date of Incident |  | Location of Incident |  | |

Section 2: Protocol/Procedural Specific Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Species |  | Number of Animals Affected | |  | |
| Outcome | Treated/Recovered Treated/Euthanized Fatal Other | | | | |
| Related to Research? | Related Possibly Related Not Related | | | | |
| Is the possibility of this event acknowledged in the current approved protocol? | | | Yes | | No |
| Please provide a description (include dates) and details of the adverse event/unanticipated problem. | | | | | |
|  | | | | | |
| Please provide a description of how this adverse event/unanticipated problem was managed. | | | | | |
|  | | | | | |
| Please provide a description of the corrective actions taken to ensure that this type of adverse event/unanticipated problem does not occur in the future. | | | | | |
|  | | | | | |

Section 3: Other Incidents

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Did this event impact? | Only NKU lab space | | Other rooms in the building | | The entire building | | | NKU campus |
| Did the event impact research animals? | | | | Yes (explain below) | | | No | |
| Species Affected | |  | | Number of Animals Affected | |  | | |
| Outcome | | Treated/Recovered Treated/Euthanized Fatal Other | | | | | | |
| Please provide a description (include dates and details) of the adverse event/unanticipated problem. | | | | | | | | |
|  | | | | | | | | |
| Please provide a description of how this adverse event/unanticipated problem was managed. | | | | | | | | |
|  | | | | | | | | |
| Please provide a description of the corrective actions taken to ensure that this type of adverse event/unanticipated problem does not occur in the future. | | | | | | | | |
|  | | | | | | | | |

Section 4: Administrative Use Only

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Does this adverse event require a change to the protocol? | | | Yes (explain below) | | No | |
| Explain: |  | | | | | |
| Has the aforementioned protocol revision been submitted? | | | Yes | In progress | | No |
| Additional Information | |  | | | | |

Tracking Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Action** | **Completed** | **N/A** | **Date** |
| Submitted to IACUC |  |  |  |
| Submitted to IACUC Chair |  |  |  |
| Submitted to IACUC Vet |  |  |  |
| Follow Up with PI |  |  |  |
| Revisions Required/Completed |  |  |  |
| External Agency Notified |  |  |  |