**Adverse Event/Protocol Deviation Report**

Western Carolina University

Institutional Animal Care and Use Committee

ANIMAL WELFARE OBLIGATION: All individuals participating in WCU animal care and use activities are **obligated** to assure animal well-being for all animals engaged in such activities. If an adverse event/unanticipated event occurs, the individual having knowledge of the event is **obligated** to report or assure a report of the adverse event/unanticipated event has been reported to the WCU IACUC.

Return the completed form to IACUC@wcu.edu.

1. **ADMINISTRATIVE INFORMATION**

**Principal Investigator:**

**Department:**

**WCU IACUC #:**

**Study Title:**

1. **Reporting Individual Information:**

**Reporting Individual:**

**Phone Number:**

**Email Address:**

1. **Reporting Individual Information:**
2. Date of event:
3. Time of event:
4. Date and time the event was discovered:
5. Location of animals:
6. Event Narrative: Briefly describe the event involving animals:
7. Was IACUC veterinary staff contacted? If so, when?
8. **CORRECTIVE ACTIONS**
9. What actions were taken to address/correct/resolve the problem/event?
10. What actions are being implemented to minimize the likelihood of recurrence of the problem/event in the future?
11. Does this problem/event necessitate revision of the protocol?

[ ] Yes. If yes, after submitting this form, please submit an Amendment and revised protocol to the IACUC

[ ] No. If no, please explain the rationale.

*By submitting this request, the Principal Investigator (and responsible faculty member if the PI is a student) I declare that I have reviewed this report which provides a complete and accurate description of the event and that upon receipt of the IACUC’s review, I will fully and immediately implement any corrective actions required by the IACUC.*

*The parties (the IACUC, the Principal Investigator, and responsible faculty member if the PI is a student) have agreed to conduct this application process by electronic means, and this application is signed electronically by the Principal Investigator and by the responsible faculty member if a student is the PI.*

*My name and email address together constitute the symbol and/or process I have adopted with the intent to sign this application, and my name and email address, set out below, thus constitute my electronic signature to this application.*

Date

PI Name PI Email Address

Responsible Faculty Name if PI is a Student Responsible Faculty Email Address if PI is a Student