



TEXAS A&M UNIVERSITY
SAN ANTONIO

INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

ADVERSE EVENT/UNANTICIPATED OUTCOME REPORTING FORM

(Please type. Handwritten copies cannot be accepted)

Submit completed form to: iacuc@tamusa.edu

IACUC/AUP Protocol #: _____

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 (please describe below)

Click or tap here to enter text.

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:

2. Please provide a description of how this event/outcome was managed:

3. 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:

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

Date of Report: _____

Return to:

iacuc@tamusa.edu

Contact the Office of Research Compliance with any questions:

210-782-2344

Other Contact information:

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