PROTOCOL #:

TITLE:

PRINCIPAL INVESTIGATOR:

DATE FILED:

|  |
| --- |
| **Adverse Event Description** |
| **Date of Event:** |        | **Date Identified** |        |
| **Location of event:** |        |
| **Outcome:** | **Treated/Recovered** [ ]  **Treated/Euthanized** [ ]  **Fatal** [ ]  **Other** [ ]  |
| **Date Veterinarian was Consulted:** |       |
| **Is the possibility of this event noted in the current protocol?** | **Yes** [ ]  **No** [ ]  |
| **Is this event related to the approved research protocol?** | **[ ]  Related** **[ ]  Possibly Related****[ ]  Not Related** |
|
| **Does this event require a change to the protocol? If yes, please****submit a Protocol Amendment Form in addition to this form.** |  **[ ]  Yes [ ]  No** |
| **1.** | **Provide a description (include dates and details) of the adverse event:** |
|        |
| **2.** | **Provide a description of how this event was managed:** |
|        |
| **3.** | **Provide a description of the corrective actions taken to ensure that this type of event does not occur in the future:** |
|        |

It is University policy that the procurement, housing, care and use of animals should conform to the Guide for the Care and Use of Laboratory Animals and other relevant federal or state policies and procedures. This policy applies to all research and teaching involving the use of animals whether funded from external or internal sources.

# Please email this form immediately to the TCU IACUC: IACUC@TCU.EDU.