**Unanticipated Adverse Event or Deviation from Protocol**

**Report Number:** *(IACUC office will assign)*

**PI Name** Click here to enter text. **IACUC Protocol Number:** Click here to enter text.

**Location:** Click here to enter text.

**Facility Manager:** Click here to enter text.

**Report Prepared By / Date**: Click here to enter text. / Click here to enter a date.

**Date of Event:** Click here to enter a date.

**Are these animals covered by a grant? If so, please identify the funding source and the award number, if possible (or please enter N/A if not covered by funding):**

Click here to enter text.

**Description of the event, including number of animals affected:**

*(Please include details such as clinical symptoms noted, who discovered the situation and when, who it was reported to and when, etc. Also include details that were noted during investigation of the incident – for example, the administered substance was (or was not) prepared and administered correctly, anything that has been confirmed that did or did not potentially cause the adverse event.)*

Click here to enter text.

**Description of how it was managed:**

*(Please include details of what was done in response to the event, such as who examined the animal(s) and when, what physical measurements were taken (temperature, pulse, respirations, etc), what diagnostic tests were performed, potential diagnosis, details of any treatments given and when, did the animal fully recover and how quickly, who decided to euthanize and when, and was a necropsy performed, etc.)*

Click here to enter text.

**Outcome for the animal(s):**

[ ]  Treated/recovered

[ ]  Treated/Euthanized

[ ]  Found Dead

[ ]  Other Click here to describe

[ ]  No animals were used/affected

**Description of corrective actions taken to prevent future events:**

*(Please include the details of what steps will be or have been taken to ensure this event doesn’t recur.)*

Click here to enter text.

**If the event required a change to the protocol, has an amendment been submitted?**

Click here to enter text.

**PI Input:**

Click here to enter text.

Click here to enter a date.

Email this completed form to iacuc@cornell.edu

*Form Updated March 2023*