**Washington State University**

INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

**ADVERSE EVENT/UNANTICIPATED OUTCOME REPORTING FORM**

**(Please type. Handwritten copies cannot be accepted)**

**IACUC ASAF No(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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

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:

Type here

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

Type here

1. 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:

Type here

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Routing Information**:

Email to: iacuc@wsu.edu and or.ocv.alert@wsu.edu

Fax to: 509-335-6410

Questions? Call the Animal Welfare Program at (509) 335-7951

**Approved by WSU IACUC: 08/29/2018**