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| **FOR FLORIDA INSTITUTE OF TECHNOLOGY IACUC USE ONLY** |
| **IACUC Reviewer/Designee Signature:** |  | **Date:** |  |

**ADVERSE EVENT REPORT**

**INSTITUTIONAL ANIMAL CARE & USE COMMITTEE**

Florida Institute of Technology

150 West University Blvd.

Melbourne, FL 32901

iacuc@fit.edu

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: | Click here to enter text. | IACUC protocol # | Click here to enter text. |  |
| PI:  | Click here to enter text. |
| Report prepared by (check one):  | [ ]  PI [ ]  Lab Manager [ ]  Other: | Click here to enter text. |
| Name: | Click here to enter text. |
| Phone: | Click here to enter text. |
| Email: | Click here to enter text. |
| Title of Project:  | Click here to enter text. |

 **Adverse Event/Unanticipated Issue**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of event/injury: | Click here to enter text. |  | Location of event: | Click here to enter text. |

Outcome: [ ]  Treated/Recovered [ ]  Treated/Euthanized [ ]  Fatal

Is the event related to research? [ ]  Related [ ]  Possibly Related [ ]  Not Related

Is the possibility of this event noted in the current approved protocol? [ ]  Yes [ ]  No

Description (including dates and details) of the adverse event/unanticipated problem:

|  |
| --- |
| Click here to enter text. |

Description of how event/problem was managed:

|  |
| --- |
| Click here to enter text. |

Description of corrective actions taken to ensure this type of event/problem does not occur in the future:

|  |
| --- |
| Click here to enter text. |