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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](mailto: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. |