



IACUC - Unexpected Adverse Event Form Laboratory, Field or Canine Research

This form must be completed by the Principal Investigator or area supervisor. Once completed it must be submitted by e-mail to the REC office (REC@ilstu.edu). Please provide as much detail as possible. Further pertinent documentation may be required.

1. **Name of person completing this form:**
2. **Protocol number (if applicable):**
3. **Date of event:**
4. **Approximate time event occurred:**
5. **Location of the event:**
6. **Names and positions of the individuals involved:**
7. **Impact on the health of the animal(s) (check all that apply):**
 - Expected to recover without veterinary care
 - Expected to recover with veterinary care
 - Had to be euthanized
 - Fatal
8. **Description of the event and possible cause(s):**



9. In your opinion, did the teaching or research project contribute to this event?

Yes

Possibly

No

Not applicable, animal not being used on a project

10. If you answered “Yes” or “Possibly” for the previous question, please describe how the teaching or research project contributed to the event.

11. Description of event outcome:

12. Description of how the event was managed:

13. Provide a description of the corrective and preventative actions taken, if any, to ensure this type of event does not occur in the future. This may include modifications to the protocol, suggested changes to SOPs, or other procedural changes: