

Institutional Animal Care and Use Committee

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[**https://www.research.ucsb.edu/compliance/animal-subjects/**](https://www.research.ucsb.edu/compliance/animal-subjects/)

**Institutional Animal Care and Use Committee**

**Adverse Event/Unanticipated Complication Notification**

**Instructions:**

* Use this form to notify the IACUC of any adverse events or unanticipated problems encountered during the conduct of an approved animal protocol. Complete this form and email it to iacuc@lifesci.ucsb.edu. Please refer to the [Provisions of Adequate Veterinary Care Guideline](http://www.research.ucsb.edu/media/18388/ucsbprovisionofadequateveterinarycare.pdf).
* **IMPORTANT NOTE**: Notify the Attending Veterinarian (either via email manuel.garcia@ucsb.edu or by phone at 805-893-7344) in a timely manner if an animal manifests unexpected or untoward behavior or clinical signs, or dies unexpectedly.
1. **Reporting Individual Information:**

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| --- | --- |
| **Name**:  |  |
| **Phone Number**:  |  |
| **Email Address**:  |  |

1. **Protocol Information:**

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| --- | --- |
| **Protocol Title**:  |  |
| **Protocol Number**:  |  |
| **Principal Investigator**:  |  |
| **Email Address**:  |  |

1. **Adverse Event or Unanticipated Complication Summary:**

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| --- | --- | --- | --- |
| **Date of Incident**:  |  | **Time of Incident**:  |  |
| **Date & Time Incident was Discovered**:  |  |
| **Location of Animal Activities (include bldg. and room number)**:  |  |
| **Species Involved**:  |  |
| **Number of Animals Affected**:  |  |

1. **Briefly Describe the Adverse Event or Unanticipated Complication Involving Animals:**

*Include any existing data, reports, extenuating circumstances, or other details that may help further explain the cause(s).*

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1. **Briefly Describe any Corrective Actions Taken:**

*Include any self-corrective actions taken to minimize or avoid future occurrences.*

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