

FORM J
SHSU Institutional Animal Care and Use Committee
Adverse Event/Unanticipated Problem Form

Adverse Event (AE)/Unanticipated Problem (UP): Any occurrence, usually involving pain, distress or death of an animal, which was not described in the approved IACUC Protocol or its subsequent modifications that has a negative impact on animal welfare (i.e., death, disease, or distress) or on the welfare of research personnel (i.e., zoonotic diseases or injuries). If you are experiencing a significant number of deaths, and even though it does not relate to "noncompliance," it should be promptly reported to the IACUC. An IACUC protocol deviation is any departure from the methods approved in the IACUC protocol. An example of an AE/UP would be a significant loss of life due to a disease outbreak, a natural disaster, or an equipment failure.

All material must be typed and submitted immediately by e-mail to iacuc@shsu.edu; a signed copy must be delivered to the IACUC Coordinator, Sharla Miles, Roy Adams House, Room 103.

1) Faculty/ Staff Member in charge

Name _____

Department _____

Campus address _____

Campus phone _____ Campus Email _____

Faculty Staff Grad Student Undergrad Student

If Student:

Name of Supervisor _____

Address of Supervisor _____

Supervisor's Phone _____

IACUC Protocol Number _____

2) Project Title: _____

3) Number and species of each animal injured/died/ euthanized:

Species	Number
_____	_____
_____	_____
_____	_____

Signatures:

Principal Investigator _____ Date _____

Department Chair _____ Date _____

For IACUC use only:

- Consultation with IACUC Chair **Initial:** **Date:**
- Copy sent to IACUC for their information; filed with protocol -- no further action required **Initial:** **Date:**
- Forward to IACUC for review and action **Initial:** **Date:**
- Write to PI with concerns/schedule PAM visit **Initial:** **Date:**
- AE/UP Closed

IACUC Chair/ Authorized signature _____ Date _____

Attending Veterinarian _____ Date _____

4) AE/UP Date:

5) Location of AE/UP:

6) Severity of AE/UP:

Moderate

Severe

Fatal

7) Is the AE/UP related to the research?

Not Related

Possibly Related

Not Related

8) Description of the AE/UP (include cause/outcome):

9) Description of how the AE/UP was managed:

10) Provide a description of the corrective and preventative actions taken to ensure this type of AE/UP does not occur in the future:

11) Does this AE/UP necessitate a change in the protocol:

Yes

No

If yes, please complete and submit to the IACUC Coordinator the IACUC Form G - Amendment or the Annual Review Form F located on the [Applications page of the IACUC website](#).
