Unexpected Adverse Event Report

1. Project Details

Title of Project or Teaching Activity	
Protocol Number	
Principal Investigator/Chief Instructor	
School or Section	
Telephone Number	
Email address	
Date of expiry of this Authority	

2. Species and Number of Animals that have been affected:

Species	Please select from drop down list
Breed	
Number of animals	
Sex of the animal (s)	
Identification number	
Age of the animal(s)	
Date of the adverse event	
Location (property/facility) of the animal(s) at time of adverse event	
Number of animals in the experimental/study group the animal(s) belongs to	
Total number of animals approved for this project	
Fate of the animal	

3. **Fate of any progeny**

4. **Provide further detail about when the event(s) occurred, e.g. time of day, overnight, over a period of several hours, if applicable.**

5. **What were the circumstances surrounding the event or events? Include details of the signs exhibited by the animal.**

6. **What treatments/procedures had been performed on the particular animal(s) prior to the event? Include a timeline of events if relevant.**

7. What action was taken when the event happened or was discovered? (e.g. animal euthanised, vet called/attended, pain relief was administered and animal monitoring changed).

8. Was a necropsy (if applicable) performed?

Was a necropsy performed?	☐ Yes ☐ No (give details below)

If YES, complete the below table, and attach a copy of the necropsy report.

Name of person performing necropsy	
Organisation/Position	
Address	
Email	
Contact phone	

9. What other investigations have taken place? (eg. Histopathology, haematology, faecal tests, microbial culture)

10. Are other animals at risk?

☐ Yes (give details of what measures have been taken to minimise risk or prevent reoccurrence of this risk below)

☐ No

(e.g. modification to procedures or experimental design, housing, monitoring or researcher/student training or supervision)

11. If appropriate, has the animal supplier been contacted?

☐ Yes (if YES, please provide the contact details of the supplier below)

☐ No

Supplier name (including title)	
Address	
Phone	
Email	

12. Have there been any previous unexpected events in this protocol?

☐ Yes (if YES, please give the Report Number and the event circumstances below)

☐ No

Total number of animals approved for use	Number of adverse events in the current report	Progressive/cumulative total of adverse events to date

13. List any supporting documentation (photos/references/path reports etc) attached:

14. Why/how do you think this event occurred? What measures have been taken to minimize risk or to prevent reoccurrence of this risk?

Full Name *(Principal Investigator/Chief Instructor)* *	
Date *(dd/mm/yyyy)* *	
Signature *(Primary Contact)* *	

Thank you for submitting this form. A report number will be issued to you by the Governance Officer: please include this reference in your annual report and End of Project form.