**About this form**

* Use this form to report unexpected adverse events during your project. Refer to the [Charles Sturt Guidelines on Adverse Events](https://cdn.csu.edu.au/__data/assets/pdf_file/0008/4277627/Charles-Sturt-Guidelines-on-Adverse-Events.pdf) for further information.

**Completing the form**

* This form can be completed electronically.
* Digital forms and electronic signatures are preferred.
* If you have any questions, please phone (02) 6933 4322 or contact animalethics@csu.edu.au

**Submitting the report**

* The **Chief Investigator** is responsible for completing and submitting this form.
* If you are unable to submit this form promptly, such as if you are in the field, you should contact the Animal Ethics Partner or Animal Welfare Officer as soon as possible and make them aware of the situation and that you will be submitting this form in due course.
* Before submitting, please check that you have attached any supporting documents and attachments relating to this form.
* Ensure this form has been signed.
* Submit the complete form to animalethics@csu.edu.au
* The report will be reviewed by the Animal Welfare Officer and AEC Presiding Officer who may be in touch for further clarification or advice.
* The report will be added to the AEC agenda of the next available meeting and they may have further questions.

**Notification of outcome**

* The **Animal Ethics Partner** will notify the **Chief Investigator** of the outcome of their report via email within 10 working days of the meeting.
* A report number will be issued to you by the **Animal Ethics Partner** to be included in your annual and end of project reports.

1. Project and Personnel Identification

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| --- | --- |
| Protocol Number |  |
| Project Name |  |
| Chief InvestigatorTitle, position  |  |
| Email |  |
| Phone |  |
| Project Type | Choose an item. |
| End Date of Current Animal Use Authority |  |

1. Animal Details

|  |  |
| --- | --- |
| Species (and strain if appropriate) |  |
| Number of animals |  |
| Sex of the animal(s) |  |
| Identification number(s) |  |
| 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) belong to |  |

1. Event Details

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| Provide further detail about when the event(s) occurred e.g., time of day, overnight, over a period of several hours, if applicable. |
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| What were the circumstances surrounding the event(s)? include details of the signs exhibited by the animals. |
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| What treatments/procedures had been performed on the animal(s) prior to the event? Provide the day/time and record of the last monitoring undertaken prior to the event. Include a timeline of events if relevant. |
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| What action was taken when the event happened or was discovered?e.g., animal euthanised, vet called/attended, pain relief was administered, or monitoring changed. |
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| Was a necropsy performed? | [ ]  Yes [ ]  No  |
| If no, provide details as to why a necropsy was not performed. |
| Name of person performing necropsy |  |
| Organisation/Position |  |
| Address |  |
| Email |  |
| Contact phone |  |
| Please attach a copy of the necropsy report |

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| What other investigations have taken place?e.g., Histopathology, haematology, faecal tests, microbial culture. |
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| Why/how do you think this event occurred? |
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| --- | --- |
| Are other animals at risk?If yes give details of what measures have been taken to minimise risk or prevent reoccurrence of this risk below. | [ ]  Yes[ ]  No  |
| e.g., modification to procedures or experimental design, housing, monitoring or researcher/student training or supervision. |

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| --- | --- |
| Has the animal supplier been contacted (if applicable)?If yes, please provide the contact details of the supplier below. | [ ]  Yes [ ]  No  |
| Supplier name (including title) |  |
| Address |  |
| Phone |  |
| Email |  |

|  |  |
| --- | --- |
| Have there been any previous unexpected adverse events in this protocol?If yes, please give the report number and the event circumstances below | [ ]  Yes [ ]  No  |
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| --- | --- | --- |
| Total number of animals approved for use | **Number of adverse events in the current report** | **Progressive/cumulative total of adverse events to date** |
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| List any supporting documentation attached.e.g., photos/references/pathology reports  |
|  |

4. Chief Investigator Signature

|  |  |
| --- | --- |
| Full Name |  |
| Signature |  | **Date** |  |