

**Definition of an unanticipated outcome, protocol deviation, or adverse event:** Any event not consistent with routine expected outcomes that results in unexpected animal welfare issues (death, disease, distress). **Reporting is not intended as a punitive action against investigators, but an effort to facilitate research effectiveness and improve animal care.** For additional guidance on Event Reporting, please review our [Guidance for Event Reporting](#) document.

**Both the PHS Policy (IV.C.5.) and USDA Animal Welfare Regulations (9CFR 2.3.d.5) require continued review of previously approved projects. The IACUC, as part of post approval monitoring, encourages investigators to submit an Event Reporting form for any unexpected injuries to animals during the course of the project.**

\* Upon an event, the **Attending Veterinarian (413-623-5329)**, **IACUC Chairperson (413-572-8417)** and **IACUC Event Report Contact (413-572-8390 or 413-262-0590)** must be contacted **immediately**. Within 72 hours of the event, this form must be submitted to the IACUC Chairperson via email: ([jramsay@westfield.ma.edu](mailto:jramsay@westfield.ma.edu)). Call (413-572-8417) with any questions.

Date:

IACUC Protocol Number:

Project Title:

Is this project funded?  Yes  No

If yes, is project PHS funded?  Yes  No

Funding Agency:

**1. Principal Investigator (please complete this section)**

Name (Last, First, MI)  Phone Number:

College:  Department:

Campus Address:  E-mail Address:

**2. Event Date:**

**3. Location of Event:**

**4. Severity of Event:**

Moderate  Severe  Fatal

**5. Is the event related to the research?**

Related  Possibly Related  Not Related

**6. Species of Animal:**

**7. Description of Event:**

**8. Cause of Event:**

**9. Outcome of Event:**

**10. Provide a description of how this event/problem was managed:**

**11. Provide a description of the corrective actions taken to ensure that this type of event/problem does not occur in the future:**

**12. Person reporting event:**

***This section to be completed by the IACUC Chairperson.***

Initial Review (date and description):

- File with protocol (no further action required)
- Meet with IACUC for review and action
- Contact investigator with concerns
- Discussed with investigator (no further action required)