# Bloomington Institutional Animal Care and Use Committee Incident Report Form

**Incident**: Any event not consistent with routine expected outcomes, which results in any unexpected animal welfare issue (death, disease, or prolonged distress). Any protocol noncompliance associated with IACUC oversight. Any animal welfare concern associated with the Indiana University - Bloomington Animal Care and Use Program.

The IACUC encourages researchers to self-report any noncompliance event, unexpected incident, or adverse events that occur during the course of a study, field activity, outreach, or class. Contact the Attending Veterinarian, the IACUC Chair or the IACUC Manager. Email this form to: [Biacuc@indiana.edu](mailto:Biacuc@indiana.edu)

All incidents are subject to discussion at the full IACUC meeting. The IACUC will inform the PI about the outcome of the discussion. In some cases, no further information/action is required. However, in other cases more information will be requested and/or the PI will be required to put forth a plan to reduce the risk of future, adverse events. Issues of non-compliance may be reported to the Institutional Official/Vice President for Reearch. Incidents that occur under federally-funded IACUC protocols require reporting to the funding agencies.

## Please complete as much information as possible when submitting this form.

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| **PI :** |  | | | | | | | | |
| **Protocol # :** | | | |  | | | | | |
| **Person reporting the adverse event:** | | | | | |  | | | |
| **Funding Agency / Funding Source (NIH, DOD, Internal) (If federal, please provide grant number)** | | | | | | | |  | |
| **What is the IU account number charged for these animals, if known?** | | | | | | |  | | |
| **Person(s) involved in the incident:** | | | | | | |  | | |
| **Date(s) of Incident:** | | |  | | | | | | |
| **Location of incident (facility, room #, field site, etc.):** | | | | | | | | |  |
| **Number of animals affected:** | | | | |  | | | | |
| **Species affected:** | |  | | | | | | | |
| **Description of what occurred:** | | | | | | | | | |
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| **Description of immediate corrective action taken, if applicable:** | | | | | | | | | |
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