



Institutional Animal Care and Use Committee (IACUC) Incident Report Form

Please print, complete and submit this form to the Principal Investigator within 72 Hours of the incident. In cases where anonymity is preferred, this form can be dropped off in the IACUC chair's (Daniel Tobiansky, djtobiansky@smcm.edu) mailbox located in Schaefer Hall 244.

Please select the type of incident you are reporting (check all that apply):

- Unexpected animal mortality
- Unexpected human health injury
- Noncompliance with IACUC Policies/Protocol
- Animal Welfare Concern

Date of Incident: _____

Location of Incident: _____

Personnel present during Incident: _____

Principal Investigator/ Mentor: _____

IACUC Protocol Number (if known): _____

Species, Identification Number, and Location of Animals Affected (if relevant): _____

Summary of the Incident: _____

Cause of Incident: _____

Outcome of Incident: _____

Your Name, Email & Phone Number (Leave blank if anonymity is preferred):

Name: _____

Email: _____

Phone: _____

This space reserved for use by the IACUC

Reviewed by: ___ Principal Investigator ___ IACUC Chair

Immediate Management of Incident: _____

Findings and recommendations: _____

Signature: _____

Date: _____