|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Important**: The Initial Report must be submitted within 72 hours of the incident.  Submit form by hand to ARF Manager (WCM 306) or email researchreview@ucmo.edu | | |  |  | | --- | --- | | Leave Blank for IACUC Use Only | | | Incident Number | Date Received | |  |  | | | |
| Date & Time of Incident: | | Reported by: | | |
| Principal Investigator: | | Protocol Number: | | |
| Location of Incident: | |  | | |
| **Animals Affected** | | | | |
| Total number: | Species: | | ID Number (s) if applicable: | |
| **Describe the incident below, providing any information available at this time, regarding the cause of the incident and its outcome:** | | | | |
|  | | | | |
| **Describe below, any plan of action for treatment and to prevent recurrence. A finalized plan of action may be submitted later if needed:** | | | | |
|  | | | | |
| Signature of Person Submitting Report: | | Date: | | |
| ***The space below is reserved for IACUC use only*** | | | | |
| Reviewed by: | | Attending Veterinarian: | | |
| IACUC Chair: | |  | | |
| Findings & recommendations: | | | | |
| Disposal of animal carcasses approved: | | Yes | | No |
| Signature: | | Date: | | |

**University of Central Missouri Animal Incident Form**