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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Animal Incident – Initial Report**  **Important: The Initial Report must be submitted within 72 hours of the incident.**  Submit via: Hand deliver to ARF Manager or e-mail to researchreview@ucmo.edu | | | | | | | Leave Blank – for IACUC Use | | | | | | | | | |
| 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, providing any information available at this time regarding the cause of the incident and its outcome:** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Describe 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 use by the IACUC* | | | | | | | | | | | | | | | | | | | |
| Reviewed by: | | Attending Veterinarian: | | | | |  | | IACUC Chair: | | | | | |  | | | | |
| Findings and recommendations: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Disposal of animal carcasses approved: | | | YES: | | |  | NO: |  | | |
| Signature: |  | | | | | | | | | | | Date: |  | | | | | |

