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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: |  |

