



*The Public Honors College*

## 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 (Torry Dennis, [tsdennis@smcm.edu](mailto:tsdennis@smcm.edu)) mailbox located in Goodpaster 157.

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

- |   |   |
|---|---|
| <input type="checkbox"/> Unexpected animal mortality                | <input type="checkbox"/> Unexpected human health injury |
| <input type="checkbox"/> Noncompliance with IACUC Policies/Protocol | <input type="checkbox"/> 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: \_\_\_\_\_

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*This space reserved for use by the IACUC*

Reviewed by: \_\_\_\_ Principal Investigator \_\_\_\_ IACUC Chair

Immediate Management of Incident: \_\_\_\_\_

Findings and recommendations: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_