**Institutional Animal Care and Use Committee (IACUC)**

**Report of Pain, Distress, Morbidity, or Mortality or Noncompliance**

Submit this form with any applicable supplemental forms to [eiuiacuc@eiu.edu](mailto:eiuiacuc@eiu.edu)

Any unexpected study results that impact animals used in research, including any unanticipated pain or distress, morbidity or mortality and incidents of noncompliance must be reported to the IACUC. This report must be submitted as soon as possible, but **no later than 5 working days** after first awareness of the issue.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Report: |  | Report completed by: |  | |
| **Protocol Information** | | | | |
| Title of Project: | | | | Protocol #: |
|  | | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Principal Investigator** | | | |
| Name: |  | e-mail: |  |
| Department: |  | Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Additional Animal Personnel** | | | |
| Name: |  | e-mail: |  |
| Department: |  | Phone: |  |
| List any other relevant personnel: | | | |
|  | | | |
| **Incident Details** | | | |
| Description of incident involving pain, distress, morbidity, or mortality to animals or humans, or noncompliance, including location of the incident, what species and how many animals were affected, and whether or not the issue was related to the research. | | | |
|  | | | |
| Indicate the severity of the issue: | | | |
| Mild  Moderate  Severe  Fatal | | | |
| Indicate whether or not medical treatment provided to animal(s) or human(s) involved and the rationale for the decision to provide (or not provide) treatment. If treatment was provided, include a description of the treatment, date(s) of treatment, and provider(s) of treatment. | | | |
|  | | | |
| **IACUC Protocol** | | | |
| In your judgment is a change in the IACUC protocol necessary to reduce or eliminate risk?  If you are not familiar with the protocol, you do not need to respond to this item | | | |
| Yes - Provide revised protocol with changes highlighted.  Note: data should not be collected until the revised protocol is approved by the IACUC.  No —Provide a brief rationale in the space below: | | | |
|  | | | |
| **Additional Information** | | | |
| Please provide any additional information relevant to this incident that is otherwise not covered. | | | |
|  | | | |

**Please sign type your name(s) and the date below.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | |  | | |
| Signature of Submitter | | | Date | | |
| Faculty Sponsor’s Signature  (required when a student PI is completing this form) | | | Date | | |
| *For IACUC Use Only:* | Date Received: |  | | Protocol Number: |  |