

# UNANTICIPATED EVENT FORM

## POTENTIALLY ADVERSE EVENT / WELFARE CONCERN NOTIFICATION

All protocol and non-protocol related events/concerns involving the care and use of animals must be reported to the IACUC.

PHS policy (Section IV(b)(4), p.12)

PHS policy (Section (IV) (C) (7), p. 15 and (IV) (F) (3), p. 18)

Animal Welfare Act (section 2.31 (c)(4)) and (section 2.31(c) (3) and (d) (7))

### 1. ANIMAL WELFARE OBLIGATION

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All individuals participating in DU animal care and use activities are obligated to assure animal well-being for all animals engaged in such activities. If an adverse/unanticipated event occurs, or if a concerning welfare condition develops, then the individual having knowledge of the event is obligated to report, or assure a report of the adverse/unanticipated event or welfare concern has been submitted to the DU IACUC.

\_\_\_\_\_ [\(303\) 871-4345.](tel:(303)871-4345)

### 2. REPORTING INDIVIDUAL INFORMATION

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Reporting Individual:

Contact Phone Number:

E-mail Address:

**NOTE:** The 'reporting individual' information is used to ask follow-up clarifications and allow us to report back to you when the issue has been resolved. Your name is not released to anyone in your supervisory or management line. All reports are confidential, an1o7B ort bac61 Tc 0.s0.1 (n)21ednsbeler

#### 4. ADVERSE EVENT/UNANTICIPATED EVENT/WELFARE CONCERN

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Date of Incident:

Time of Incident:

If date and time incident occurred is unknown, please state this here:

Date & Time Incident Was Discovered:

Location of Animals (bldg., room, rack, etc.):

#### 5. EVENT NARRATIVE

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Briefly describe the event involving animals:

Was the DU Vivarium Director and/or Attending Veterinarian contacted? How and when was the contact made (e.g., phone, email, etc.)

#### 6. CORRECTIVE ACTIONS TAKEN

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Briefly describe any self-corrective actions taken to discourage a similar future occurrence: