**Defi itio of a u a ticipate**<sup>n</sup> **outcome, protoco**,<sup>n</sup> **eviatio**, **or a**<sup>n</sup> **verse eve t:** Any event not consistent with routine expected outcomes that results in unexpected animal welfare issues (death, disease, distress). **Reporti g is ot i te** • <sup>n</sup> **e**<sup>n</sup> **as a pu itive actio agai st i vestigators, but a effort to faci itate researc, effective ess a** • <sup>n</sup> **improve a ima\_care.** For additional guidance on Event Reporting, please review our <u>Gin a ce for Eve t Reporting</u> document.

Bot, t, e HS o icy (V. .5. a \* USDA A ima We fare Regu atio s (9 FR 2. .\* .5 require co ti ue" review of previous y approve" projects. A, e A U, as part of post approva mo itori g, e courages i vestigators to submit a Eve t Reporti g form for a y u expecte" i juries to a ima e "uri g t, e course of t, e project.

\* Upon an event, the Atte • <sup>\*</sup> i g Veteri aria (413-623-5329, A U , airperso (1. • 5 2-8 1 and IACUC Event Report Contact (413-572-8390 or 413-262-0590) must be contacted imme<sup>\*</sup> iate y. Within 72 hours of the event, this form must be submitted to the IACUC Chairperson via email: (jramsay@westfield.ma.edu). Call (413-572-8417) with any questions.

Date:			
IACUC Pr	otocol Number:		
ProjectTi	tle:		

## 1. ri cipa vestigator (p ease comp ete t<sub>b</sub> is sectio

Name (Last, First, MI)	Phone Number:						
College:	Department:						
Campus Address:	E-mail Address:						
2. Eve tDate:							
_s Locatio of Eve t:							



## IACUC Event Reporting Form

Created: November 2017



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## 8. ause of Eve t:

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