**FLINDERS UNIVERSITY / SOUTHERN ADELAIDE LOCAL HEALTH NETWORK**

**ANIMAL WELFARE COMMITTEE**

**UNEXPECTED ADVERSE EVENT Report**

**The Animal Welfare Officer must be notified VIA PHONE WITH A FOLLOW-UP EMAIL as soon as possible, within 24 hours of the incident.**

**Submission of this animal incident report to the Animal Ethics Officer of the AWC should be as soon as possible but within 3 working days.**

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| --- | --- |
| **Project Title** |  |
| **AWC project number** |  |
| **IBC Reference Number** |  |
| **Chief Investigator** |  |
| **Animal species / strain** |  |
| **Animal date of birth** |  |
| **Date(s) of incident** |  |
| **Time signs first noticed** |  |
| **Room number / location** |  |
| **Date of this report** must be submitted to the Animal Ethics Officer ([animal.welfare@flinders.edu.au](mailto:animal.welfare@flinders.edu.au)) within 3 working days |  |
| **Report by**  Provide name and email |  |

1. **Brief description of the incident, including a summary of circumstances leading up to: *(indicate date and by whom)***

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|  |

1. **Actions taken deemed appropriate by researcher:**

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|  |

1. **Reported to:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date** | **Time** | **Method of Reporting** |
| Chief Investigator |  |  |  |
| Animal Facility Manager |  |  |  |
| Animal Facility Staff |  |  |  |
| Animal Welfare Officer  via phone and written notification must be provided within 24 hours of incident |  |  |  |
| Others (please detail) |  |  |  |

1. **Was a post-mortem examination performed?**

* **A post-mortem examination MUST be performed following all unexpected animal deaths.**
* A *“Rodent Post-Mortem Examination Template”* is available on the AWC website.
* If you don’t have experience and/or don’t feel comfortable performing post-mortem examinations, the AWO and Animal Facility staff are available to perform post-mortem examinations. When they aren’t available, instructions and a template can be found on the AWC SOP webpage.

**YES** *If YES, provide to Animal Ethics Officer (including photos).*

**NO** *If NO, give reason why a post-mortem examination was not performed*

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1. **Is a modification required:**

**YES**

**NO**

1. **Attachments:**

* **A copy of all the Clinical Record Sheets (CRS), Maintenance Monitoring Sheets (MMS), and Running Mortality Sheets (RMS) for the affected animal/s MUST be submitted with this report.**

**YES - I have attached all relevant documents.**

**NO - I haven’t attached all relevant documents.**

**N/A - there are no relevant documents relating to the affected animal/s.**

1. **Primary Applicant Signature:**

Signature………………………………………… Date…………………….

PRINT NAME…………………………………………………………………………………...

The completed Report form should be submitted to the **Animal** **Ethics Officer,** via[animal.welfare@flinders.edu.au](mailto:animal.welfare@flinders.edu.au) as soon as possible, but at least within 3 days of the date that the incident occurred.

**The below section is for OFFICE USE ONLY. Please leave blank.**

1. **OFFICE USE ONLY: Probable source of problem:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Human Error |  | Mechanical Error |  | Technical  Error |  | Disease/  Parasite |  | Nutritional |  | Unknown |

|  |  |  |
| --- | --- | --- |
|  | Other *(Please detail)* |  |

1. **OFFICE USE ONLY:** **Outcomes of incident:**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **Number of Animals** |
| Unexpected mortality |  |  |
| Unexpected euthanasia |  |  |
| Recovery (experiment continued) |  |  |
| Experiment suspended pending AWC approval of refinement |  | *Date, if ‘Yes’* |
| Experiment terminated |  | *Date, if ‘Yes’* |
| Other – *Please detail* |  |  |

1. **OFFICE USE ONLY: AWO Report :**

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