

Adverse Event Form

Animal Ethics

Project Number

Project Name

Chief Investigator

Student Investigator

Person Reporting

Date (dd/mm/yyyy)

Animal/s

Species

Genotype

Gender

Summary:

- Found dead
- Illness/injury (survived)
- Euthanized
- Other (e.g. power failure, inclement weather)

Was the event unexpected?

- YES
- NO

Details of event/s

Outcome

Euthanasia performed

How

By Whom

Ongoing monitoring

- YES
- NO

Date incident occurred
(dd/mm/yyyy)

Unexpected death?

Was the death unexpected?

- YES
- NO

Comments

Post mortem undertaken

- YES
- NO

By whom

Number of animals affected

Are other animals at risk?

- YES
- NO
- UNSURE

Is there a biological risk?

- YES
- NO
- UNSURE

Is data collection ongoing?

- YES (if ticked, please complete the following question)
- NO

What further action will be taken to prevent a similar adverse event happening in the future?

Please email this completed form to the Research Ethics Team: research.ethics@ecu.edu.au