**Incident Notification**

**(All protocol and non-protocol related incidents involving animals)**

**Please fill out this form completely and send to** [**iacuc@ucsc.edu**](mailto:iacuc@ucsc.edu)**. Enter N/A where not applicable.** Questions and feedback regarding this form should be directed to [iacuc@ucsc.edu](mailto:iacuc@ucsc.edu).

**Animal welfare obligation:** All individuals participating in UCSC animal care and use activities are **obligated** to assure animal well-being for all animals engaged in such activities. If an incident occurs, then the individual having knowledge of the incident is **obligated** to report or assure a report of the incident has been reported to the UCSC IACUC.

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| --- | --- |
| Date: MM/DD/YYYY | Reporting individual: Enter name here |
| Email address: Enter email here | Phone number: (XXX) XXX-XXXX |
| Protocol title: Enter protocol title here | |
| Principal investigator: Enter name here | |
| Department: Enter department here | |
| Protocol code: Enter number here | |
| Were NIH/PHS grant funds used to purchase, experiment, or pay per diem on these animals?  Enter text here | If yes (NIH/PHS grant funds were used), then provide the grant number and grant title:  Enter text here |
| Date and time incident was discovered:  Enter text here | |
| Location of animals (bldg., rooms, rack, etc.):  Enter text here | |
| Incident narrative—briefly describe the incident involving animals: Enter text here | |
| Was veterinary staff contacted? If so, when? How was the contact made (e.g. phone, email, fax)? Enter text here | |

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ADMIN USE ONLY

IACUC resolution: