

# Animal Incident Report

CWRU IACUC  
School of Medicine WG-78  
IACUC: (216) 368-6979/368-3815  
Training: (216) 368-4972

Form Date 06/2008  
Date Rec'd

(Form Date: 6/2008)

Today's Date 9/28/2010

This form is to be used to report incidents that deviate from accepted and appropriate standards of animal care and use. You may choose to remain anonymous when completing this form. The completed form should be submitted to Diana Zyzanski, IACUC Coordinator (Room WG-77) or to Kumar Reddy, Sr. Director of Research Program Management, School of Medicine (Room W-175). Incidents are investigated by the Institutional Animal Care and Use Committee.

Date of Incident		Time of Incident	
Animal species and identification			
Principal Investigator (If known)			
Location			
Discovered by: (You may choose to remain anonymous.)			

Describe incident (please be specific and include the names of personnel involved, and provide any information on what you believe may have caused the incident and the outcome).

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Please provide any other relevant information (past incidents, other concerns).

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## For IACUC Use Only:

Action Taken

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IACUC Signature of Receipt:

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Date