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| --- | --- | --- | --- | --- | --- | --- |
| **Important**: The Initial Report must be submitted within 72 hours of the incident.Submit form by hand to ARF Manager (WCM 306) or email researchreview@ucmo.edu |

|  |
| --- |
| Leave Blank for IACUC Use Only |
| Incident Number | Date Received |
|  |  |

 |
| Date & Time of Incident: | Reported by: |
| Principal Investigator: | Protocol Number: |
| Location of Incident: |  |
| **Animals Affected** |
| Total number: | Species: | ID Number (s) if applicable: |
| **Describe the incident below, providing any information available at this time, regarding the cause of the incident and its outcome:** |
|  |
| **Describe below, any plan of action for treatment and to prevent recurrence. A finalized plan of action may be submitted later if needed:** |
|  |
| Signature of Person Submitting Report: | Date:  |
| ***The space below is reserved for IACUC use only*** |
| Reviewed by: | Attending Veterinarian: |
| IACUC Chair: |  |
| Findings & recommendations: |
| Disposal of animal carcasses approved: | Yes | No |
| Signature:  | Date: |

**University of Central Missouri Animal Incident Form**