

**ANIMAL INCIDENT REPORT FORM**

**1. Applicant Information**

Applicant's Name :

I.C No./Matrix Card:

Level of Study (PhD/Masters/Bachelor/Others) :

Department/Faculty:

Phone:

Mobile:

Email:

Supervisor/Principal Investigator's Name :

Department /Faculty:

Phone:

Mobile:

Email:

Title of Project :

**2. Description of the incident.**

Form to be completed for the reporting of any unanticipated problem or protocol deviation or violation of animal welfare that occurred during animal experiments. Description of the incident.

Please provide a factual description of the incident below:

Date:

Time:

Place of incident:

Nature of the incident:

Name of any person associated with the incident:

Give details of whom the incident was reported to and the date and time of reporting:

**(FOR OFFICIAL USE)**

3. Protocol Information	
Incident reference number:	
FOM IACUC no. :	
Date received:	
Principal Investigator:	
Department:	
Date of incident:	
Time of incident:	
Location of incident:	
Date and time AEU staff informed:	
CLASSIFICATION:	
Animal welfare:	
Protocol deviation:	
Unanticipated problem:	

**FINDINGS OF INITIAL INVESTIGATION: FOR OFFICE USE**

NO VIOLATION	
MINOR VIOLATION	
MAJOR VIOLATION	

**4. Applicant's Assurance**

I have read and understood the rules and regulations of AEU. I agree to abide by them.

Signature of Applicant :

Signature of Supervisor/Principal Investigator :

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Name :

Name :

Date :

Date :