Appendix 2J

Animal Incident Report Form

University of Ontario Institute of Technology
Office of Research Services
Animal Care Committee (ACC)

Please Note:

An Animal Incident Report Form with signature must be submitted to the Research Ethics Coordinator (or 905-721-8668 ext. 3693) if ≥ 5% of the population is compromised. If the incident or death(s) were unexpected then the consultant Veterinarian must be notified within 24 hours of the incident.

Consultant Veterinarian: Dr. George Hillis
Tel: 905-576-3344
E: gphillis@aol.com

Dr. Jenny Laing
Tel: 705 740 5221
E: jenny.laing@nexicom.net

- Protocol #:
- Incident Reported by (full name):
- Position / Role:
- Department/Faculty:
- Time of Incident: Date of Incident: Date of Reported:

1) Full Description of Incident - State exactly what was leading up to the incident, where the incident occurred, what occurred that warrants the use of an incident report form, etc.
2) Animals Affected:

<table>
<thead>
<tr>
<th>Total number</th>
<th>Species</th>
<th>Gender</th>
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3) Morbidity / Mortality - Describe how A) the animals were affected, B) how many animals were affected:

4) Cause of Sickness or Death (if known):

5) Action Plan - Outline your actions that includes: A) Tests to be performed and by whom? B) What conditions contributed to the incident, how will these conditions be changed? C) Control measures; existing or new? D) Recommendations for Corrective Measures?
Signatures:

By signing this Animal Incident Report Form, I acknowledge that the information provided is accurate and that no procedures or changes from those specified will occur until full approval is received from the UOIT Animal Care Committee.

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<tr>
<th>Form completed by (full name):</th>
<th>Signature</th>
<th>Date Signed</th>
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<tr>
<th>Signature of Principal Investigator (or Delegate)</th>
<th>Date Signed</th>
</tr>
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Insert Electronic-signature image here:

Date signed: