

Animal Incident Report Form

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 $\geq 5\%$ 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:		
Total number	Species	Gender

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.

Form completed by (full name):

Signature

Date Signed

Signature of Principal Investigator (or Delegate)

Date Signed

Insert
Electronic-
signature
image here:

Date signed: