PROTOCOL #  ANIMAL LABORATORY FACILITY & ROOM #: 

PROTOCOL TITLE: 

PRINCIPAL INVESTIGATOR: (Must be MSU faculty member – only one PI signature required)

  

Investigator’s Name Investigator’s Signature Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Adverse Event/Unanticipated Problem Description | | | | |
| Date of Event/Problem: |  | Date Identified: |  | |
| Location of Event: |  | | | |
| Is the possibility of this event noted in the current approved protocol? | | | | Yes No |

|  |  |  |
| --- | --- | --- |
| 1. | Provide a description (include dates and details) of the adverse event/unanticipated problem: | |
|  | | |
| 2. | | Provide a description of how this event/problem was managed: |
|  | | |
| 3. | Provide a description of the corrective actions taken to ensure that this type of event/problem does not occur in the future: | |
|  | | |

**Please reference the following link for guidance on reporting adverse events directly to the MSU – IACUC:**

**https://www.montclair.edu/iacuc/wp-content/uploads/sites/173/2018/09/MSU-IACUC-Procedure-for-Adverse-Events-or-Incidents-final.pdf**

**Please email this form immediately to the MSU – IACUC: iacuc@montclair.edu**