Unanticipated events are generally defined as negative impacts to animal welfare or well-being, or deviations from Animal Welfare Regulations or the Animal Welfare Act. All unanticipated events of disease, injury, or mortality must be reported immediately to Georgia Aquarium’s Attending Veterinarian of Record. This Event Report form must be submitted to the IACUC within 48 hours of any unanticipated event. All necessary documents must be submitted to [iacuc@georgiaaquarium.org](mailto:iacuc@georgiaaquarium.org) as PDFs once completed. Hard copies, scanned hard copies, and faxed copies of applications will not be accepted.

|  |  |  |  |
| --- | --- | --- | --- |
| Report Date: |  | Reporting Party: |  |
|  |  |  |  |
| Principal Investigator: |  | Protocol #: |  |

**EVENT DESCRIPTION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date/Time: |  | Species: |  | | | |
|  |  |  |  | | |  |
| Location: |  | Total # animals: |  |  | Wild  GAI Collection  Other | |

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| **Incident narrative:** Detailed explanation of the situation (including what happened and what methodology was being used at the time of the incident. |
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| **Corrective action plan:** Briefly describe any self-corrective actions taken to minimize similar future occurrences. |
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| **Name and role of individuals involved in the incident (e.g., principal or co-principal investigator, technician, animal caretaker, student, veterinarian, etc.):** |
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| **Notification to veterinarian and/or IACUC or other:** Briefly describe who was notified of the incident and when. |
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| **STOP HERE** |
|  |

*For Office Use Only*

|  |  |  |  |
| --- | --- | --- | --- |
| Date of IACUC Closure: |  | Report Type: | Self  Veterinary  3rd Party |
|  |  |  |  |
| Date of Regulatory Closure: |  | Prior History of Event: | Yes  No |
|  |  |  |  |
| Is the incident anticipated in the protocol?  Yes  No | | | |
| *If so, list sections:* | | | |
|  | | | |
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| **Additional Information:** Summary of additional information gathered/clarified. |
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**IACUC MEETING**

|  |  |  |
| --- | --- | --- |
| Date of IACUC Meeting: |  | |
|  | | |
| IACUC Determination: | | |
|  |  | |
| More information needed, tabled to next meeting | Scheduled Date: |  |
|  |  |  |
| Email response to the Principal Investigator | Date: |  |
|  |  |  |
| Letter to Principal Investigator | Date: |  |
|  |  |  |
| Report to USDA and/or AZA | Date: |  |

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| **Additional Corrective Actions:** Summary of additional IACUC actions or requirements. |
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| **Additional Notes:** |
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