

Austin Health Animal Ethics Committee

**UNEXPECTED ADVERSE EVENT REPORT FORM**

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| **Last Updated:** |  |

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| **Please answer all questions in plain English** |

**Project details**

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| AEC Project Number |  |
| Principal Investigator | Name: |
| Department: |
| Phone Number: |
| Email: |
| Project Title |  |
| Ethics Approval Date |  |
| Original Ethics Lapse Date |  |
| Time Extension Date (if applicable) |  |
| NHMRC Funded | Yes  No |

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| **Please give a brief outline of the project in lay terms** |
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| **Were there any previously reported unexpected adverse events for this project?** | |
| No |  |
| Yes | (If yes, please briefly outline) |
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**Probable cause of incident** (please select at least one)

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| **Human Error** | **Nutritional** | **Surgical Technique** |
| **Equipment Error** | **Toxicity** | **Disease/Bacteria** |
| **Anaesthesia; Accidental Overdose** | **Anaesthesia; Increase anaesthetic risk due to other procedure** | **Anaesthesia; other (e.g. Increased anaesthetic risk due to genetic modification)** |
| **Other** |  |  |

**Outline of incident**

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| **Date of the Incident:** |  |
| **Date Reported to the BRF Manager and/or AWO:** |  |
| **Personnel Involved:** |  |

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| **Provide a brief outline of the incident** |
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| **Has this specific incident occurred before?**  **If so, provide brief information including when this was reported to the AEC.** |
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**Background of incident**

Provide a detailed background of the circumstances which may have led to the incident.

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| **Include a timeline of the events leading up to the incident including:**   * **When the event occurred;** * **What procedures were performed on the animal prior to the event;** * **Who performed the procedures; and** * **When the animal was last monitored by the researchers.** |
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| **How many animals were in this cohort and what will happen to the remainder of the animals?** |
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| **Provide detail of the initial actions undertaken by the investigator/BRF staff when this incident was identified.** |
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| **Outcome of incident** | **Yes** | **No** | **Number of animals** |
| Unplanned mortality |  |  |  |
| Unplanned euthanasia |  |  |  |
| Recovery (experiment continued) |  |  |  |
| Experiment terminated |  |  |  |
| Other (explain): | | | |

**Results from post mortem**

(Please attach photos and relevant monitoring sheets)

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| Provide a detailed explanation of the results from the post mortem including who this was performed by.  Section 3.1.25 of the *Australian code of practice for the care and use of animals for scientific purposes (8th Edition 2013)* states:  *When an animal dies unexpectedly, or is humanely killed due to unforeseen complications, a necropsy should be performed by a competent person (see Clause 2.1.5 [v] [d]).* |
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**Actions required**

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| **As a result of this event, will the research be revised?**  (An amendment form must be submitted to the AEC before the modified procedure is undertaken) | |
| No |  |
| Yes | (If yes, please briefly describe the amendment to be submitted) |
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| **Based on the event, what actions have been taken?** |
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| **Based on the event, what future actions/precautions are planned?** |
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**Principal Investigator’s Signature**

Please provide a wet-ink or digital signature.

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| **Name** (please print) | **Signature** | **Date** |
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