

**INCIDENT REPORT IN ANIMAL RESEARCH**

Fallible Form (FOR OFFICIAL USE ONLY)

To be completed for reporting any incident or non-compliance during research. *This should reach the AREC Chairperson within 24 (twenty-four) hours after the incident has occurred. This form needs to be completed electronically.*

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| --- | --- | --- | --- |
| AREC number:  | Enter Number | Date of Incident: | Select Date |
| Name of PI of Study: | Enter Name | Time of Incident: | Enter Time |
| Study Title: | Enter Title |
| Location of Incident: | Enter Place |
| Person/s reporting the incident Name/s and staff or student number if applicable: (this information is confidential) | Enter Name |
| Enter Number |
| School/Department/External | Enter Entity |
| Email for person/s above: (this information is confidential) | Enter Email | Cell Number: | Enter Number |
| Office Number: | Enter Number |
| Person/s implicated in the incident (Name/s): | Enter Name |
| Person 1st reported to (Name) and indicate if external or internal to the University: | Enter Name |
| Species involved: | Enter Species | Age range: | Enter Age |
| Number of Animals: | Enter Number | Sex: | Choose an item. |
| First reporting action (select): | **Verbal** | **Written** |  |
| Provide a short, factual description of the nature of the incident you personally observed: | Enter Details |
| Any other relevant information: | Enter Information |
| Names of other people associated with the incident: | Enter Name/s |
| Signature |  | Date | Select Date |

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Incident Reference Number: *Click or tap here to enter text.*