

**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.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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.*