# Unexpected Adverse Event (UAE) Form

## CDU Animal Ethics Committee

1. **Project Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Project No. |  | | |
| Title |  | | |
| Lead Organisation |  | | |
| Registration number |  | Registration Expiry Date |  |

1. **Animal Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number of animals or IDs | Species | Strain/Breed  (if applicable) | Sex | Age |
|  |  |  |  |  |
|  |  |  |  |  |

1. **UAE Details**

|  |  |
| --- | --- |
| **Date / Time** |  |
| **Location / Facility** |  |

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| **UAE Description** *(Describe the event and circumstances leading up to the event)* |
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| **Outline the actions taken** *(immediate response, examination, treatments provided, euthanasia, post-mortem exam, samples taken etc.)* |
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| **Summaries the results from investigations taken / tests carried out** *(pathology, post-mortem or veterinary examination)* |
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| **What do you think is the probable cause of the UAE?** |
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| --- | --- | --- | --- |
| **Was the UAE related to the project?** | | | |
| Related | Unrelated | Unsure |  |
| **What steps will be taken to prevent any recurrence (will any refinements be made)?** | | | |
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| **Is a project amendment required?** |
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**Please attach any supporting documentation to this form, such as photographs, pathology reports, veterinary reports, and/or animal care/monitoring sheets.**

1. **Authorisation/Signature**

This form is to be signed by the Principal Investigator

|  |  |  |
| --- | --- | --- |
|  |  | on |
| Full Name | Signature | Date |

|  |  |
| --- | --- |
| Contact Details: Phone: | Mobile: |