**POTENTIAL ADVERSE/UNANTICIPATED EVENT notification form**

**(To be completed in typescript and to be submitted to ECRA as soon as possible after an event)**

**Preamble**

All individuals participating in the use of animals are obligated to assure animal well-being for all animals engaged in such activities. If an adverse/unanticipated event occurs, then the individual having knowledge of the event is obligated to report or assure a report of the event has been reported to the SAMRC Ethics Committee for Research on Animals (ECRA).

NOTE: This form is used to notify ECRA of adverse (protocol affecting animal health/wellbeing) or unanticipated (not protocol described) events involving research animals.

**A. PROJECT**

|  |  |
| --- | --- |
| **ECRA Application no.** |  |
| **Project title** |  |
| **Project type**(e.g.*research, education/training, repetitive testing, monitoring intervention)* |  |

**B. PRINCIPAL INVESTIGATOR**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** |  | **Initials** |  | **Surname** |  |
| **Institution** |  | **Division / Dept.** |  |
| **Tel. no.** |  | **E-mail address** |  |

**C. PROJECT PERIOD**

|  |  |
| --- | --- |
| **Date of notification** |  |
| **Project start date** |  |
| **Expected date of completion** |  |

**D. ANIMALS**

|  |  |
| --- | --- |
| **Species and numbers used** |  |
| **Source of animals** |  |
| **Responsible animal facility\***  |  |

*\* Attached facility’s Standard Operating Procedures (SOPs) to this notification*

**E. ADVERSE/UNANTICIPATED EVENT**

|  |  |
| --- | --- |
| **Date of incident** |  |
| **Time of incident** |  |
| **Date & time incident was discovered**  |  |
| **Location of animals** *(e.g. facility, building, room)* |  |

**F. EVENT NARRATIVE**

**Briefly describe the adverse/unanticipated event involving animals.**

|  |
| --- |
|  |

**Was a veterinarian contacted? If so, when? Which veterinarian? How was the contact made (e.g., phone, email)? What action was recommended/taken to address the situation?**

|  |
| --- |
|  |

**Corrective actions taken: Describe any self-corrective actions taken or planned to discourage and/or prevent a similar future occurrence.**

|  |
| --- |
|  |

**Signature of principal investigator Date**

*If the PI is a student, the supervisor’s signature is required on this notification:*

**Signature of supervisor Date**

**Please forward your notification to the ECRA Secretariat (****adri.labuschagne@mrc.ac.za****)**