



Reporting Adverse Events

370.1 Policy

The IACUC is under a federal mandate to monitor all research activities related to animal use. To assist the IACUC in fulfilling this requirement, all suspected Adverse Events (AE) should be reported at the time of the event in a timely manner. This include a verbal or email report of the adverse event to the IACUC within 72 hours followed by a written report within 10 business days. Reporting of potential AEs can be made to an Emory/Yerkes veterinarian, the IACUC office, or anonymously via the Emory Trust Line. An optional report form is available on the IACUC website.

370.2 Definitions

Adverse Event is the occurrence of an unforeseen event that negatively impacts the welfare of research animal(s), involving pain, distress, and/or death of the animal. By definition, AEs are not identified as potential risks or outcomes in the approved IACUC protocol.

370.3 Examples of events that **are required to be reported as AEs**

370.3.1 Animal mortality or morbidity in excess of that described in the approved IACUC protocol

370.3.2 Unforeseen events that lead to the harm of the animal(s) or that cause obvious distress not justified and approved in the protocol.

370.4 Examples of events that **are not required to be reported as AEs**

370.4.1 Injury/illness unrelated to approved procedures and being treated by the clinical veterinarians

370.4.2 Death, illness or morbidity of animals described as expected in the approved IACUC protocol

370.5 Applicability

This policy applies to all research-related animal use under the jurisdiction of Emory's IACUC.

370.6 Contact Information

370.6.1 Clarification of Policy: IACUC Office

Phone 404-712-0734

Email: IACUC@emory.edu

370.6.2 Anonymous Concerns: Emory Trust Line

Phone: 1-888-550-8850

Online: <http://www.mycompliancereport.com/EmoryTrustlineOnline>

370.6.3 Animal Facilities

Yerkes DAR Main Office

Phone: 404-727-7721

EU-DAR Main Office

Phone: 404-727-7423

370.7 Document Properties

Author: IACUC
Administering Division/Department: IACUC Office
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Appendix 1

Adverse Event Report Form

Please fill in all known information

Protocol Number:	PI Name:
Grant # or Funding Information:	Location of Adverse Event:
Species:	Cage or Animal Identification Code:
Date of Finding:	Time of Finding:
Nature of Event – Please describe what happened:	
Person Reporting Event: (not required if reporting anonymously)	Report Submitted to: IACUC Office EU-DAR Facility Attending Veterinarian Yerkes Facility Attending Veterinarian
Date of Report:	IACUC Use Only - Case Number: