**VICTORIA UNIVERSITY**

**ANIMAL EXPERIMENTATION ETHICS COMMITTEE**

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| **ADVERSE INCIDENT REPORT** |

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| **Forwarding Details** | |
| All hard copy applications to be delivered to:  **The Victoria University**  **Animal Experimentation Ethics Committee**  Research Services  Victoria University  PO Box 14428  Melbourne VIC 8001  **Or** deliver in person to:  Research Strategy, Policy and Infrastructure  Research Services  Building C, Room C302  Footscray Park campus. | Electronic applications are to be forwarded to  **The Victoria University**  **Animal Experimentation Ethics Committee:**  E-mail: aeec@vu.edu.au |
| **As per the Australian Code of Practice for the care and use of animals for scientific purposes 2.1.7(b), 2.232 ii(c), 2.3.2(v), 2.3.24 and 2.4.18 it is understood that all adverse incidents are to be dealt with immediately by the responsible researchers, Animal Facility staff and the Animal Welfare Office.**  **The AEC should be notified immediately.**  **This report summarises, for the AEC the incident and the actions taken.** | |

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| **1. AEC approval details.** | |
| Project Title |  |
| AEC Number |  |
| Chief Investigator |  |
| Approval Period | \_ \_/\_ \_/\_ \_ \_ \_ To \_ \_ /\_ \_ /\_ \_ \_ \_ |

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| **2. Number and type of animals affected by the adverse incident** | | | | | |
| **Species** | **Breed / Strain** | **Individual Animal Number** | **Sex (M/F)** | **Age** | **Total Number** |
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|  |  |  |  |  |  |
| **3. Date of adverse incident occurrence** | | | | | |
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| **4. Description of adverse incident** |
| *Describe the specific element of your project work within which the incident occurred.* |

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| **5. Timeline of events** |
| *When was the incident first noticed/reported? Document steps taken from that date to manage the incident by listing dates, times, actions taken and by whom.* |

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| **6. Cause of the Incident** |
| *Do you know what caused the incident? If yes, give detail, including pathology results if applicable. If no, consider and discuss possible cause(s)?* |

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| **7. Actions to prevent a recurrence** |
| *What refinements or changes to procedures have occurred to prevent a recurrence of this event? If changes to the procedures within the AEC approved application are required a request for a minor amendment to an approved project form or a new application submitted and approved by the AEC prior to the changes occurring* |

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| **8. Declarations** |

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| This report accurately reflects the adverse incident. | | | |
| Title | Name | Signature | Date |
| **Chief Investigator** |  |  | \_ \_ /\_ \_ /\_ \_ \_ \_ |

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| The Victoria University AEC has reviewed and accepts this adverse incident report. | | | |
| Title | Name | Signature | Date |
| **AEC Chair** |  |  | \_ \_ /\_ \_ /\_ \_ \_ \_ |
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