

**University of Louisiana at Monroe
School of Pharmacy Animal Vivarium
Report for Suspected Animal Welfare Issues**

A. Completed by Person Reporting Concern

- 1) Concern is: Animal Use or Protocol Husbandry Veterinary Care
 Occupational Health and Safety Other – explain: _____
- 2) General Information:
Principal Investigator: _____ Date: _____
Protocol Number: _____ Species Involved: _____
Cage ID _____ #of Animals Involved: _____
- 3) Location of Animals (Vivarium Room #): _____
- 4) Briefly Describe Your Concerns: _____

- a. *OPTIONAL* Person Reporting Concern: _____

B. Completed by Person Investigating The Concern

- Name: _____
- Was there a negative impact on animal health? No Yes
- Explain impact and actions taken: _____

- Persons contacted to discuss the concern (list each individual separately):
- 1) Name: _____ Date: _____ Time: _____
2) Name: _____ Date: _____ Time: _____
3) Name: _____ Date: _____ Time: _____
- Summarize the issues which were discussed with persons in item 4:
- 1) Person 1: _____
2) Person 2: _____
3) Person 3: _____
- Describe corrective actions needed or performed: _____

- Is there a protocol violation? No Yes If yes, describe: _____

- Was a corrective action agreed upon: No Yes If yes, describe: _____

- IACUC notification: Request for immediate subcommittee review and action
 For report at regular IACUC meeting
- Veterinarian Signature: _____ Date: _____

C. Completed by IACUC Chair

- Date Animal Care and Use Reporting Form received in IACUC Office: _____
- Date of IACUC Review #1 _____ Action taken: _____
- Date of IACUC Review #2 _____ Action taken: _____