ORC USE ONLY

AUP #:

Date Received:

Adverse Event Report for Vertebrate Animal Use Protocol for Research, Testing, or Teaching

TEXAS A&M UNIVERSITY CORPUS CHRISTI
RESEARCH COMMERCIALIZATION OUTREACH

Instructions and Certifications

Complete this form to report any anticipated or unanticipated adverse event(s) under a Vertebrate Animal Use Protocol (AUP) for research, testing, or teaching or Amendment.

By signing this Adverse Event Report for Vertebrate Animal Use Protocol for Research, Testing, or Teaching (Adverse Event Report), all Principal Investigators (PIs), co-PIs, and personnel (collectively, "Researchers") or Instructor(s), as applicable, certify the following:

1. Have read and understood the responsibilities set forth in TAMUCC Rule 15.99.07.C1;

2. Have reported the adverse event(s) immediately after its occurrence(s) to the Institutional Animal Care and Use Committee (IACUC) or the Office of Research Compliance (ORC), any sponsor, and/or other third-party, as appropriate; and

3. Have read and reviewed this Adverse Event Report; certify the accuracy of its contents; have signed the Adverse Event Report electronically.

After completing the foregoing, submit the Adverse Event Report with supporting documentation via email to:

IACUC@tamucc.edu

AUP Overview

AUP #:

Researcher or Instructor Information

Principal Investigator or Instructor

Name:

Address:

Phone:

Email:

◯ Faculty ◯ Staff ◯ Undergraduate Student ◯ Graduate Student ◯ Other

Specify Other:

Co-Principal Investigator or Instructor

Name:

Address:

Phone:

Email:

Faculty Staff Undergraduate Student Graduate Student Other

Specify Other:

Co-Principal Investigator or Instructor

Name:

Address:

Phone:

Email:

Faculty Staff Undergraduate Student Graduate Student Other

Specify Other:

Co-Principal Investigator or Instructor

Name:

Address:

Phone:

Email:

Faculty Staff Undergraduate Student Graduate Student Other

Specify Other:

Funding

Indicate whether the research is supported by funding. Yes No

If **"yes,"** provide the following information.

Maestro #:

Sponsor:

Adverse Event(s)

Date of Event:

Describe the adverse event(s), causes (if known), actions taken to manage it, and preventive procedure(s) implemented.
Include related correspondences and other pertinent information as attachments.

Researcher or Instructor Signatures

By signing this Adverse Event Report, the Researcher(s) or Instructor(s), as applicable, certifies that he/she has read and understood the requirements and responsibilities set forth in the section entitled "Instructions and Certifications" in relation to the research. In addition, the Researcher(s) or Instructor(s) certifies that he/she will abide by any and all applicable federal, state, and/or institutional regulations, including any requirements from the Institutional Animal Care and Use Committee (IACUC) and/or the Office of Research Compliance (ORC).

Principal Investigator or Instructor

Name:

Signature:

Date:

Co-Principal Investigator or Instructor

Name:

Signature:

Date:

Co-Principal Investigator or Instructor

Name:

Signature:

Date:

Co-Principal Investigator or Instructor

Name:

Signature:

Date: