**THE SECRETARY’S ANIMAL CARE AND ETHICS COMMITTEE**

**(Secretary’s ACEC)**

**UNEXPECTED ADVERSE EVENT REPORT FORM**

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| **NAME OF PRINCIPAL INVESTIGATOR** |  |
| **TITLE OF PROJECT** |  |
| **PROJECT NUMBER** |  |
| **LOCATION DETAILS** |  |

**EVENT DETAILS:**

**What was the unexpected adverse event?**

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**When did it happen?**

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**How/why did it happen?**

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**What was done to address the situation?**

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**What will be done to prevent this type of event happening again?**

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**If any animals died, were post-mortems conducted? If not, why not?**

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**Is there any other information or comments you wish to provide in relation to this event?**

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| **Principal Investigator signature** |  |
| **Date** |  |

Please return a signed copy to [secretary.acec@dpird.nsw.gov.au](mailto:secretary.acec@dpird.nsw.gov.au)