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

1\	eted by Person Reporting Concer				
1)	Concern is: ☐ Animal Use or Proto	ocol □Husbandry □Veterinary C	Care		
	☐Occupational Health and Sa	afety □Other – explain:			
2)	General Information:				
	Principal Investigator:	Date:			
	Protocol Number:	Date: Species Involved:			
	Cage ID	#of Animals Involved:			
3)	Location of Animals (Vivarium Room #):				
4)					
	a. *OPTIONAL* Person Reportino	g Concern:			
Name:	eted by Person Investigating The				
Was the	ere a negative impact on animal hea	alth? □No □Yes			
Буріані	impact and actions taken				
Person	s contacted to discuss the concern	(list each individual separately):			
		Date:	Time:		
3)		Date:	rime:		
	rize the issues which were discusse	•			
21	Person 2:				
3)	Person 3:				
3)	Person 3:				
3)	Person 3:				
3) Describ	Person 3:e corrective actions needed or perfo	ormed:			
3) Describ	Person 3:e corrective actions needed or perfo	ormed:s If yes, describe:			
3) Describ	Person 3:e corrective actions needed or performance a protocol violation?   No  Yes	ormed:s If yes, describe:			
3) Describ	Person 3:e corrective actions needed or performance a protocol violation?   No  Yes	ormed:s If yes, describe:			
3) Describ	Person 3:e corrective actions needed or performance a protocol violation?   Do Yes corrective action agreed upon:   No	ormed:s If yes, describe:			
3) Describ	Person 3:e corrective actions needed or performance a protocol violation? □No □Yest corrective action agreed upon: □No notification: □Request for immedia	ormed:  s If yes, describe:  D □Yes If yes, describe:  Ite subcommittee review and action			
3) Describ	Person 3:e corrective actions needed or performance a protocol violation? □No □Yest corrective action agreed upon: □No notification: □Request for immedia □For report at regular	ormed:  s If yes, describe:  D □Yes If yes, describe:  Ite subcommittee review and action r IACUC meeting			
3) Describ	Person 3:e corrective actions needed or performance a protocol violation? □No □Yest corrective action agreed upon: □No notification: □Request for immedia	ormed:  s If yes, describe:  D □Yes If yes, describe:  Ite subcommittee review and action r IACUC meeting			
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3) Describ	Person 3:e corrective actions needed or perfective actions needed or perfective approach a protocol violation? □No □Yest corrective action agreed upon: □No notification: □Request for immedia □For report at regular arian Signature:	ormed:  s If yes, describe:  D □Yes If yes, describe:  Ite subcommittee review and action r IACUC meeting			
3) Describ	Person 3:e corrective actions needed or performance a protocol violation? □No □Yest corrective action agreed upon: □No notification: □Request for immedia □For report at regular arian Signature:eted by IACUC Chair	ormed:s If yes, describe:  D □Yes If yes, describe:  Ite subcommittee review and action r IACUC meeting  Da	te:		
3) Describ Is there Was a Was	Person 3:e corrective actions needed or performance a protocol violation? □No □Yest corrective action agreed upon: □No notification: □Request for immedia □For report at regular arian Signature:eted by IACUC Chair nimal Care and Use Reporting Form	ormed:  s If yes, describe:  D □Yes If yes, describe:  Ite subcommittee review and action r IACUC meeting	te:		

Date of form: 11/01/2012 Animal Use Form 5.01