



## WEST VIRGINIA SCHOOL OF OSTEOPATHIC MEDICINE

WVSOM LABORATORY ANIMAL RESOURCES  
INSTITUTIONAL ANIMAL CARE & USE COMMITTEE

### LABORATORY ANIMAL WELFARE: ANIMAL CARE & USE CONCERNS/INCIDENT FORM

DATE OF OCCURANCE:

TIME:

LOCATION (building, room, etc.):

ANIMAL SPECIE INVOLVED:

PERSONNEL INVOLVED (include students if applicable):

TYPE OF SITUATION: Did this involve (circle all that are applicable):

Animal Care	Animal Handling	Other
Surgery	Research Experiment	
Anesthesia/Analgesia	Euthanasia	
Technical Procedure	Protocol Deviation	

DESCRIBE THE SITUATION OF CONCERN:

(Include as much detail as possible. The more information you provide here will result in the expedition of the investigation and a resolution to the problem(s). Attach any documentation you have or feel is necessary. Use back of this form for additional space.)

Name (Optional\*): \_\_\_\_\_

How to contact you (to report findings and corrective action taken): \_\_\_\_\_

**Please return this form to:**

WVSOM President's Office    or    Associate Dean for Affiliated & Sponsored Programs' Office  
Room B-205, Main Bldg.                      Room A-310, Quad

**\*You do not have to give your name, you may submit anonymously. You will not be discriminated against or be subject to any reprisal for reporting violations.**