



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 SPECIES 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 Research and 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 potential violations.**