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**WILDLIFE ETHICS COMMITTEE**

**ADVERSE EVENT FORM**

*Completed forms (in Word or PDF format) and enquiries should be sent to the Executive Officer, of the Wildlife Ethics Committee (WEC) at:* *DEW.WildlifeETHICSCommittee@sa.gov.au*

*This form is only required if all 3 of the points below are relevant (refer to* [*WEC Adverse Events Policy*](https://cdn.environment.sa.gov.au/environment/docs/wec-reporting-adverse-events-policy-gen.pdf)*);*

* *The event has a negative effect.*
* *Is a direct result of this project.*
* *The risk and extent of risk was not foreseen and approved in the original proposal.*

*For example:*

* *Trap deaths numbers greater than that predicted is an adverse event.*
* *Humanely killing animals for voucher specimens in accordance with your approved application is not an adverse event.*
* *Finding a dead or injured animal, not related to this project, is not an adverse event.*

|  |  |  |  |
| --- | --- | --- | --- |
| **WEC Project Number** | **Approval Date** | **Expiry** **Date** | **Title of Project** |
|       |  |  |       |

**Section A - Administrative Details**

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| --- | --- |
| **Primary Investigator Information** | *This is the person who takes primary responsibility for the project and the animals used. Students cannot be Primary Investigators* |
| Investigator’s name (include title) |       |
| Investigator's Institution (or Company) and Department |       |
| Investigator’s contact details (including After Hours) | Email |       |
| Phone |       |
| Mobile |       |
| Correspondence to |       |

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| **Co-investigator Information** | *The Co-investigator is the person who would assume the role of the Primary Investigator if that person were unavailable*  |
| Co-investigator’s name (include title) |       |
| Co-investigator’s Institution (or Company) and Department |       |
| Co-investigator’s contact details (including After Hours) | Email |       |
| Phone |       |
| Mobile |       |

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| **Adverse Event Report completed by** | *Omit if the report is being completed by the Primary Investigator* |
| Reporter’s name (include title) |       |
| Reporter’s Institution (or Company) and Department |       |
| Reporter’s contact details (including After Hours) | Email |       |
| Phone |       |
| Mobile |       |
| Person or organisation named on the Licence for Teaching, Research or Experimentation involving animals | Name |       | *The licence holder may be the Primary Investigator, or the licence may be in the name of the organisation which employs the Primary Investigator* |
| Licence number |       |
| Expiry date |       |
| Species of animal impacted |       |
| Date of incident |       |
| Approval to share information | By submitting this application, I approve that it, and any information relating to it can be shared with South Australian Animal Ethics Committees and the Animal Welfare Unit within the Department for Environment and Water, on a confidential basis, for the purposes of administration, approval and monitoring.[ ]  Yes  |

*Your answers to the following questions will help the Wildlife Ethics Committee (WEC) to determine why the incident occurred (if known) and what has been (or will be) done to reduce the risk of future incidents.*

**Section B – Description of the adverse Event**

1. **Type of problem and number of animals affected:**

|  |  |  |
| --- | --- | --- |
| **Problem** | **Species**  | **Number of Animals affected** |
| Unexpected Death |       |       |
| Unplanned euthanasia |       |       |
| Sick, injury, abnormal behaviour |       |       |
| Environmental or husbandry problem |       |       |
| Other |       |       |

1. **Reporting**

|  |  |  |  |
| --- | --- | --- | --- |
| **Reported to:** | **Date** | **Time** | **Method of Reporting** |
| Executive Officer for the WEC |  |  |  |
|       |       |       |       |
|       |       |       |       |

1. **Incident or Event Report**

|  |  |
| --- | --- |
| Describe the event or incident:*Please attach photos.* |       |
| What observations were made in the days/hours leading up to the death(s)/event(s)? *(if applicable)* |       |
| What supportive interventions or medications were provided in the day(s)/hours leading up to the death(s)/event(s)? *(if applicable)* |       |
| What do you think caused the death of the animal(s)? *(if applicable)* |  |
| If the animal(s) was euthanised, why was it euthanised? |       |
| What method was used? |       |
| Who performed the euthanasia? |       |

1. **Describe what measures were being undertaken at the time of the event to minimise impact on the animal/s (if applicable).**

1. **Describe the conditions at the time of the event.**

*For example, very hot, very wet, etc*

1. **Describe what measures have been undertaken, post event, to minimise a repeat of the incident or event.**

1. **Postmortem details:**

*A postmortem examination should be conducted on animals whose cause of death is not obvious.*

|  |  |
| --- | --- |
| Have the animal(s) been submitted for postmortem examination? | [ ]  Yes [ ]  No If No, please provide reason.      |
| The postmortem has been done/is being done by: |       |
| A copy of the postmortem report is attached: | [ ]  Yes [ ]  Not yet available – will forward on receipt.[ ]  Other:       |

1. **Health and welfare of remaining animals**

Provide a status report on the health and welfare of animals remaining in the study.

1. **To solve the problem is an amendment(s) to the approved protocol required?**

[ ]  Yes [ ]  No

If yes, date submitted:

1. **Summary of causes and outcomes.**

1. **Animals offered to SA Museum?**

[ ]  Yes [ ]  No

1. **If the animal(s) was not submitted to the SA Museum, please explain why not and, if it was provided to another institution or individual, please state who and why.**

**Section C - Signature**

|  |  |  |
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| Primary Investigator or Reporter | Signature | Date |
|       |       |       |