**To be associated with an adverse event(s), for reporting to the relevant UQ AEC**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Generic scientific use details:** | | | | | | | | | | | | | | | |
| Project title: |  | | | | | | AEC approval #: | |  | | Location (animal facility): | | | |  |
| Chief Investigator: |  | | | | Necropsy performed by: | | | |  | | | | Date performed: | |  |
| **Animal identification:** | | | | | | | | | | | | | | | |
| Species: |  | | | | Breed/Strain: | | |  | | | | Age/DOB: | |  | |
| Sex: |  | | | | Unique identifier(s): | | |  | | | | Other: | |  | |
| **History and clinical signs:** (please include details of any experimental procedures, treatments, surgeries etc) | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **External exam:** (some of the rows below, e.g. “integument” and “ocular”, may be reassessed during “internal exam”) | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Internal exam:**  \*“within normal limits” | | | **Observations:** | | | | | | | | | | | | |
| WNL\* | Pathology present (please describe): | | | | | | | | | | Diagnostic samples collected: | |
| Integument:  (e.g. skin & coat) | | |  |  | | | | | | | | | |  | |
| Neurological & Ocular:  (e.g. brain, nerves & eyes) | | |  |  | | | | | | | | | |  | |
| Gastrointestinal:  (e.g. teeth, through to rectum) | | |  |  | | | | | | | | | |  | |
| Respiratory:  (e.g. trachea, lungs) | | |  |  | | | | | | | | | |  | |
| Cardiovascular:  (e.g. heart, blood vessels) | | |  |  | | | | | | | | | |  | |
| Hepatobiliary:  (e.g. liver, gall bladder) | | |  |  | | | | | | | | | |  | |
| Pancreas: | | |  |  | | | | | | | | | |  | |
| Spleen: | | |  |  | | | | | | | | | |  | |
| Adrenals: | | |  |  | | | | | | | | | |  | |
| Genitourinary:  (e.g. kidneys, urinary bladder, genitals etc.) | | |  |  | | | | | | | | | |  | |
| Lymphatic:  (e.g. lymph nodes and vessels) | | |  |  | | | | | | | | | |  | |
| Musculoskeletal:  (e.g. muscles, bones, joints, tendons) | | |  |  | | | | | | | | | |  | |
| **Summary of findings:** (please include hours/days since death) | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Comments:** | | | | | | | | | | | | | | | |
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| **Conclusions:** *(this section is for use by a registered veterinarian only, as per 2A and 25M of the* [Veterinary Surgeons Act 1936](https://www.legislation.qld.gov.au/view/pdf/inforce/current/act-1936-017)*)* | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Recommendations:** *(this section is for use by a registered veterinarian only, as per 2A and 25M of the* [Veterinary Surgeons Act 1936](https://www.legislation.qld.gov.au/view/pdf/inforce/current/act-1936-017)*)* | | | | | | | | | | | | | | | |
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| **Any results pending:** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Report completed by** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*name*)** | | | | **, on the date of** | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_(*dd/mm/yyyy*).** | | | | | |