

New Mexico Consortium
Institutional Animal Care and Use Concerns
Reporting Form

Please download and print this form to report concerns regarding the care and/or use of laboratory animals which do not require immediate attention to prevent distress of these animals.

If you have immediate concerns about the welfare of animals, please contact one or more of the following individuals:

Attending Veterinarian: Stephanie Williams, DVM.
Veterinarian at Ridgeview Veterinary Hospital
Phone: 505-662-7444 or 505-709-0166

Institutional Official: Steve Buelow, PhD.
CEO at the New Mexico Consortium
Phone: 505-412-4186

Institutional Animal Care and Use Committee (IACUC) Administrator
Phone: 505-412-4200

IACUC Chair: Robert Rubin, PhD.
Professor, Department of Molecular Genetics & Microbiology at UNM
Phone: 505-272-4640

The completed form may be submitted anonymously by mail:

New Mexico Consortium
Los Alamos Research Park
4200 West Jemez Road, Suite 301
Los Alamos, NM 87544

Alternatively, the completed form may be scanned and submitted to one or more of these email addresses:

NMC's whistleblower program: research@newmexicoconsortium.org

Human Resources: hr@newmexicoconsortium.org

Chief Operating Officer: izvekova@newmexicoconsortium.org

Chief Executive Officer: buelow@newmexicoconsortium.org

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Part A: *(To be completed by the Reporting Individual or Person Receiving the Concern. Please leave any unknown fields blank.)*

General Information:

Date: _____ Principal Investigator (PI): _____
Protocol Number (if applicable): _____ Species Involved: _____
Animal ID/Gender (if known): _____
Location of animals: LARP, Rm #203B, Amphibian Laboratory

Please briefly describe your concern (attach page, if necessary):

Reporting Individual: *(Name and contact information is optional.)*

Name: _____ Contact Information: _____

Do you wish to remain anonymous? Yes No

Part B:

(To be completed by the Investigating IACUC member)

Investigating IACUC member: _____ Date Received: _____

Was there a negative impact to the health or welfare of (an) animal(s)? Yes No

Did the Reporting Individual contact anyone to discuss this concern? Yes No

Please include the name(s), date(s), time(s) and a summary of the discussion(s) (or not applicable [N/A]).

If yes to either of the above, detail any agreed corrective actions by a majority of IACUC members and actions taken (or N/A):

Is this a possible protocol violation? Yes No

IACUC Notification (check one):

Immediate Subcommittee Review Report at the Next Regular IACUC Meeting

Part C:

(To be completed following IACUC Review)

Date of IACUC Review:

Review results: