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## ADVERSE EVENT 354 ~ (Status=ACCEPTED)(Applicant= (APPLICATION 15567) Breeding cloned sheep for generating absolute transmitters and phenotype evaluation - #2229

	LINE	Question	Answer
		ASSOCIATED Documents	
			Post Mortem Report
		0. ADMINISTRATIVE DETAILS	
0	1	Title	(AE APPLICATION 15567) Breeding cloned sheep for generating absolute transmitters and phenotype evaluation - #2229
0	2	Institution	AgResearch Limited
0	3	Business Address	10 Bisley Road
0	4	Phone	
0	5	Mobile phone	
0	6	Email	
0	20	EVENT DETAILS - PLEASE ATTACH VETERINARY AND POST-MORTEM REPORTS TO THIS FORM -	
0	21	Date and location of the event(s). Enter multiple dates if required, if multiple locations - pls use seperate adverse event form for each.	1/12/2022 - Birth 7/12/2022 - Vet assessment 15/12/2022 - Euthanasia performed.
0	22	What type of Adverse Event are you reporting	Other
0	23	Please describe in detail the Adverse Event that you are reporting	At birth the lamb was struggling to breathe so we assessed and helped where we could. She came right and was hand-reared with 5 other lambs. She kept up with them on all aspects until she was noticeable panting on a semi hot day (early to mid 20 degree). Vet was called and assessed her with abdominal breathing. She was given a course of antibiotics and anti-inflammatories but didn't help. She did the same thing on the next hot day after her course of antibiotics and was deemed fairer on her to euthanase.
0	24	Please describe any actions that you have taken to deal with this Event	Vet was called as soon as she started struggling to breath and euthanasia was performed when there was nothing more we could do.
0	25	How many animals were impacted by the adverse event? (please use this number in Section 97)	1
0	26	What would the impact of this event have been on the animals affected?	Impact was high due to struggling in heat and only having half her lung function
0	27	What would be impact grade be for this/these animals?	D
0	28	Was the Adverse Event directly due to the project or manipulations carried out?	Yes
0	29	NOTE: If YES, any change in Impact grading will need to be accounted for in your STATISTICS report	
0	55	COMPLIANCE	
0	56	Do any external agencies need to be notified of this Event	No
0	60	CONTINGENCY PLAN	
0	62	Could a similar event be prevented in the future	Yes
0	63	If YES, please describe the contingency plan you have put in place to avoid a reoccurrence	Imaging of thorax would allow a more informed decision about lung functionality
		97. SOURCE(s) and TRIAL SITE(s)	
97	1	This section allows statistics to be gathered for MPI and Animal use	

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		information	
97	2	SHEEP	Source = AGR Ruakura Containment Facility Trial Site = AGR Ruakura Containment Facility Number = 1
98	1	Status Change	( 23/05/2023) SUBMIT
98	2	Committee Decision	( 31/05/2023 PREVIEWEDaec_agr) 0 63 imaging of thorax has this been put in place? If so please expand, is this US, X-ray? pdf PM report – indicates born 30/11/22, AE report indicates born 1/12/22, PM report states vet assessment 8/12/22, AE report states 7/12/22
98	3	Committee Decision	( 31/05/2023 PREVIEWEDaec_agr) 0 63 imaging of thorax has this been put in place? If so please expand, is this US, X-ray? pdf PM report – indicates born 30/11/22, AE report indicates born 1/12/22, PM report states vet assessment 8/12/22, AE report states 7/12/22
98	4	Committee Decision	( 08/06/2023 ACCEPTED )
		99. PERSONNEL and Sign off	
99	1	Committee	RUAKURA
99	1	Programme leader and Facility manager must sign. Other personnel who were involved in the Adverse Event being reported should sign off this form.	
99 9	99	AEC_AHC ~ approved ~ Job () Location (; )	Veterinarian
99 9	99	~ approved ~ Job (Animal Technician) Location (Ruakura; Animal Phys Yard, First Aid)	Animal Technician
99 9	99	~ approved ~ Job (Research Farm Manager, Ruakura) Location (Ruakura; Manager-Animal Containment Facility, Yard; First Aid)	Farm Manager
99 9	99	~ approved ~ Job (Senior Scientist) Location (Ruakura; An Phys. First Aid)	Scientist
		Phys. First Aid)	

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