

**ANIMAL WELFARE CONCERN FORM**  
动物福利关注问题表格

<b>INQUIRY / INCIDENT</b> 咨询/事件	<b>Date 日期</b>	
	<b>Location 地点</b>	
	<b>Animal Species 动物种属</b>	
	<b>IACUC Number IACUC 编号</b>	
<b>DESCRIPTION</b> (please be as specific as you can) 描述 (请可能详细)		
<b>Reported By:</b> (you may choose to remain anonymous) 报告人: (你可以选择匿名)		<b>Date:</b> 日期:
<b>Witness By:</b> 目击证人:		<b>Date:</b> 日期:
<b>PLEASE TURN IN TO SUPERVISOR OR IACUC</b> 请递交给主管或 IACUC		

<b>TO BE FILLED OUT BY THE IACUC DESIGNATED INVESTIGATOR</b> 由 IACUC 指定人填写		
<b>Received By:</b> 审阅人员:		<b>Date:</b> 日期:
<b>Concern Level</b> 关注级别	<input type="checkbox"/> Level 1 <input type="checkbox"/> 级别 1	<input type="checkbox"/> Level 2 <input type="checkbox"/> 级别 2
		<input type="checkbox"/> Level 3 <input type="checkbox"/> 级别 3
<b>INVESTIGATION NOTES</b> (please be as specific as you can) 调查记录 (请尽可能详细)		
<b>FOLLOW-UP ACTIONS</b> 后续措施		