Description: cid:3365659872_46747

Institutional Review Board

**office:** Research 1, 1735 NDSU Research Park Drive, Fargo, ND 58102

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**Protocol Deviation Report**

Protocol #:  Title of Project:

Principal Investigator:

Report submitted by:       Date:

You may email the completed document to the NDSU IRB at [ndsu.irb@ndsu.edu](mailto:ndsu.irb@ndsu.edu). For questions regarding the completion of this document, please contact the IRB office at 701.231.8995.

1. Describe the protocol deviation:

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1. When did the deviation occur?

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1. What occurred to result in the protocol deviation?

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1. Describe the steps taken to avoid recurrence of the deviation?

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1. Describe potential impacts on participant rights or welfare and/or the privacy and confidentiality of participants?

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1. Explain why this occurrence does or does not affect the integrity of the research data:

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Attach any documentation or communication relevant to the review of the protocol deviation (e.g. recruitment announcements or emails, consent forms, etc).



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| For IRB use only:  No Follow-Up necessary.  Follow up needed. Please explain:  IRB Signature/Date: |