|  |  |
| --- | --- |
| **University of North Carolina at Greensboro**  **Protocol Deviation/Violation Form** | |
| * Use this form when reporting protocol deviations or violations * Complete and submit to: Melissa Beck, [mdbeck@uncg.edu](mailto:mdbeck@uncg.edu) | |
| 1 | **Responsible PI Name**: |
| 2A | **Title of Project:** |
| 2B | **IRB #** |
| 3 | **Describe the violation including dates:** |
| 4 | **Did the protocol deviation/violation affect subject safety?**   * Yes * No * N/A |
| 5 | **Is the project externally sponsored?**   * Yes * No   **If you answered yes, completed 5A1 and 5A2** |
| 5A1 | List sponsor: |
| 5A2 | Was the sponsor notified?   * Yes * No   **Please explain your answer**: |
| 6 | Were the participants informed of the deviation/violation?   * Yes * No * N/A   **Explain**: |
| 7 | **Use this section to describe what will be done to protect future occurrences (e.g. what corrective actions have been taken or will be taken).** **If revisions to the project are needed, you will need to submit a modification via the IRBIS online system to request the change.** |
| **Responsible Principal Investigator**  ***As the principal investigator, my signature below indicates that the provided information is accurate and complete.***  **Principal Investigator Signature:**  **Print Name:** | |