**Form FHS011: Study deviation**

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| **HREC office use only (FWA00001637; IRB00001938)** | | | | |
| This serves as acknowledgement of a protocol deviation as described below. | | | | |
| Chairperson of the HREC signature/ Designee | |  | Date |  |
| **Note:** Please note that incomplete submissions will not be reviewed.  Please email this form and supporting documents (if applicable) in a combined pdf-file to  [hrec-enquiries@uct.ac.za](mailto:hrec-enquiries@uct.ac.za).  Please clarify your plan for research-related activities during COVID-19 lockdown  Principal Investigator to complete the following:  1. Protocol information | | | | |
| Date  (when submitting this form) |  | | | |
| HREC REF Number |  | | | |
| Project Title |  | | | |
| Protocol number  (if applicable) |  | | | |
| Principal Investigator |  | | | |
| Department / Office Internal Mail Address |  | | | |
| 2. Protocol deviation description | | | | |
| Please describe the deviation below, including the reason why the deviation occurred. | | | | |
|  | | | | |
| 3. Follow-up actions | | | | |
| 3.1 Please describe any follow-up action(s) taken or planned as a result of this deviation e.g. DSMB reporting, report to sponsor, informing participants. | | | | |
|  | | | | |
| 3.2 Please describe what action(s) have or will be taken to prevent similar deviations in future. | | | | |
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**4. Principal Investigator’s acknowledgement of responsibility**

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| This signature indicates the PI has reviewed the deviation, taken appropriate follow-up action and implemented or plans to implement preventative steps where possible. | | | |
| Signature of PI |  | Date |  |