



Protocol Deviation Reporting Form

RUSVM IACUC PROTOCOL DEVIATION REPORTING FORM

This form must be completed and submitted to the IACUC for each incident of deviation or violation immediately upon site awareness

| | | | |
|---|---|---------------------|--|
| IACUC Protocol #: | | | |
| Principal Investigator: | | | |
| Report prepared by: | | | Phone: |
| | | | Email: |
| Date Form completed | | | |
| Protocol Title: | | | |
| Location of Deviation: | Date of Occurrence | Reported By: | Date of Site Awareness: |
| | | | |
| Please describe the deviation / Violation / Participant non-compliance | | | |
| Describe the impact of the error on risk/benefit ratio | | | |
| Describe the impact of error on data integrity | | | |
| Describe the impact of error on the continuation of the protocol | | | |
| Explain the reasons for deviation | | | |
| Describe any steps taken to address this deviation | | | |
| Describe what corrective actions you have taken to prevent recurrence | | | |
| Were the following notified | IACUC <input type="checkbox"/> No <input type="checkbox"/> Yes | | Attending Veterinarian <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Dates of Notification | | | |
| <p>_____</p> <p>Signature Date</p> | | | |