



SCMC-AEI Ethics Review Committee Protocol Deviation Report Form

QR-ERC-002-15/01/10102025

Document Date (dd/mmm/yyyy)		ERC Number:	
		Protocol Number:	

Study/ Protocol No.: Study/ Protocol Title:
Principal Investigator:
Date of Report/s:

To Investigator: if more than one (1) Protocol Deviation Report will be submitted, kindly copy the whole report table, and relabel as report no. 2 and repeat as needed.

REPORT NO. 1
Description of Deviation:
Other details:
Description of Corrective Action/s:

CERTIFIED CORRECT:		
Principal Investigator	Signature:	Date: (dd/mmm/yyyy)
	Printed Name:	

RECOMMENDATIONS (for SCMC-AEI ERC use only)

COMMENTS / ASSESSMENT OF DEVIATION REPORT
<input type="checkbox"/> Minor Violation (these are deviations that do not affect participants' safety and scientific integrity) <input type="checkbox"/> Major Violation (these are deviations that affect the participants' safety and scientific integrity)

RECOMMENDED ACTION:	<input type="checkbox"/> NO ACTION REQUIRED
	<input type="checkbox"/> WRITTEN WARNING (indicate the suggested corrective action)
	<input type="checkbox"/> NECESSITATES A SITE VISIT (indicate the date or month of visit)
	<input type="checkbox"/> TEMPORARY STUDY APPROVAL WITHDRAWAL
	<input type="checkbox"/> PERMANENT STUDY APPROVAL WITHDRAWAL



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CERTIFIED CORRECT:			
Primary Reviewer	Signature:		Date: (dd/mmm/yyyy)
	Printed Name:		