

HPTN 083-02 Protocol Deviation Reporting Form

HPTN 083 PTID: _____

Site Awareness Date: _____

Date Deviation Occurred: _____

Has or will the deviation be reported to the local IRB/EC?

- Was reported (date): _____
- Will be reported
- Will not be reported

Describe the deviation

What are the plans or actions taken to address this deviation?



What are the plans or actions taken to prevent future occurrences of the deviation?

Reported by:

Name: _____

Role: _____

Signature: _____

Date: _____

When complete, please email to 083-02PD@hptn.org