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| **Institutional Review Board Office**Phone: 410-955-3193Toll Free: 1-888-262-3242Email: bsph.irboffice@jhu.eduWebsite: [www.bsph.edu/irb](https://publichealth.jhu.edu/)  | **PROTOCOL DEVIATION SUMMARY FORM**Use to report ***administrative and minor*** departures from the IRB approved study which “do not affect the scientific soundness of the plan or the rights, safety, or welfare of human subjects.” Add rows as needed.***Submit as an attachment to the Progress Report.*** |
| IRB Number: |       |
| Principal Investigator: |       |
| IRB Approval Lapse Date: |       |
| Sponsor: |       |
| Sponsor Protocol Number: |       |
| Date Submitted to the IRB: |       |

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| Date of Deviation | Study ID(No PHI, please) | Description of Deviation(attach extra pages, if needed) | Reason for Deviation and Corrective Action Plan | Sponsor Notification Date (required for IND/IDE studies) |
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