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| **Institutional Review Board Office**  Phone: 410-955-3193  Toll Free: 1-888-262-3242  Email: [bsph.irboffice@jhu.edu](mailto:bsph.irboffice@jhu.edu)  Website: [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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