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| **Deviation Number** | **Participant Study Number,** *(if relevant)* | **Details of deviation** | **Date deviation was made** | **Date deviation identified** | **Staff member identifying deviation** | **How was deviation identified,***(e.g. monitoring visit, reported by nurse)* | **\*CAPA taken?***(if yes, give details)* | **Was this reported as a serious breach to MHRA?***(If yes, state outcome)* |
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| \*CAPA-Corrective Actions/Preventative Actions**FOR COMPLETION AT END OF STUDY:**PI Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PI Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ \_\_ / \_\_ \_\_ \_\_ / \_\_ |