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|  |  **PROTOCOL DEVIATION LOG - Category 1 & 2 only** **Trial Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Site Name/No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **PI name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Patient Trial ID**  | **Date of Deviation**  | **Description of Deviation (for example, missed visit, visit out of window, blood test missing, etc.)** | **Category****1 or 2**  |
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**By signing you confirm that you have reviewed the recorded Category 1 & 2 Protocol deviations. If any series of Protocol Deviations form a trend which warrant classification as a Category 3 or 4 deviation or any individual Protocol Deviation should be re-categorised to Category 3 or 4 please complete Form 51.008A and notify the Research Governance Manager or Lead Clinical Trials Pharmacist.**

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