

CHEMICAL/CROP/FIELD ID NO: _____

IR-4 FIELD DATA BOOK

DEVIATION FORM (**PHOTOCOPY THIS PART IF NECESSARY**)

THE DATE THAT THE DEVIATION OCCURRED _____

THE DATE THAT THE DEVIATION WAS RECOGNIZED _____

THE DATE THAT THE STUDY DIRECTOR WAS NOTIFIED _____

METHOD OF NOTIFICATION (e.g. telephone, email, fax) _____

(Include telephone notes or copy of email or fax in Part 3 of this book)

THE DEVIATION IS FROM *(check appropriate)* PROTOCOL _____ SOP'S _____

SECTION OF THE PROTOCOL OR SOP'S THAT IS AFFECTED _____

BRIEF DESCRIPTION OF DEVIATION: _____

EXPLAIN WHY THE DEVIATION OCCURRED: _____

ABOVE DATA ENTERED BY: _____ DATE: _____

FIELD PERSONNEL: DO NOT WRITE BELOW THIS LINE

STUDY DIRECTOR'S ASSESSMENT OF IMPACT OF THIS DEVIATION ON THE STUDY:

APPROVED BY:

Study Director/Date

Sponsor/Date

PROTOCOL CHANGE NUMBER _____

cc: QA Field Research Director:

Regional Field Coordinator:

Laboratory Research Director:

Trial Year 2016

This protocol change form when copied on colored paper is an exact copy of the original.