



# Protocol Deviation

TNO:

Initials:

Site code:

## DETAILS OF EVENT:

(please give as much information as possible) :

1. Participant did not receive the allocated intervention

Specify the reason

2. Participant received other treatment

Specify the reason

3. Participant deferred intervention

Specify the reason

Please provide the new date of intervention, if known

4. Participant has been unblinded

Specify the reason

5. Other Reason

Specify the reason

Form completed by (print name): .....

(Please note: your name **must** be on the trial delegation log)

Signature: .....

Date signed: