Background information

A protocol deviation (PD) is any noncompliance with the clinical trial protocol, Good Clinical Practice (GCP), or protocol-specific Manual of Procedures requirements. The noncompliance may be either on the part of the subject, the investigator, or the study site staff, and may result in significant added risk to the study subject. As a result of deviations, corrective actions are to be developed by the site and implemented promptly.

These practices are consistent with Good Clinical Practice:

4.5 Compliance with Protocol, sections 4.5.1, 4.5.2, and 4.5.3

5.1 Quality Assurance and Quality Control, section 5.1.1

5.20 Noncompliance, sections 5.20.1, and 5.20.2.

It is the responsibility of the site PI/study staff to use continuous vigilance to identify and report deviations within 5 working days of identification of the protocol deviation, or within 5 working days of the scheduled protocol-required activity.

**DMID does not allow any exemptions or eligibility criteria waivers for enrollment.** Anyone who is enrolled who does not meet eligibility criteria will be considered an enrollment deviation.

All protocol deviations, as defined above must be addressed in study subject source documents. The site must complete a DMID Protocol Deviation Form documenting each Protocol Deviation. The completed form must be sent to DMID unless specific instructions are provided by the study team or are included in the Protocol or Manual of Operations/Procedures; either a fax submission or a web-based submission to DMID-CROMS constitutes submission to DMID\*. If the IND sponsor is other than DMID, the PD form must also be sent to the sponsor according to their requirements.

Protocol deviations must be reported to the local IRB/IEC per their guidelines. The site PI/study staff is responsible for knowing and adhering to their IRB requirements.

*\* Note: Those sites participating in trials with a designated ‘central unit’ will follow the reporting requirements specified in their protocols and MOPs. The ‘central unit’ will be responsible for submission of the protocol deviation information to DMID-CROMS.*

Examples of Protocol Deviations

The following are examples of noncompliance with the protocol, GCP, or MOP guidelines that must be reported as deviations:

* Assessments or procedures not done or not completed as required;
* Study agent administration errors (e.g., wrong dose, wrong time, wrong subject, wrong agent);
* Study agent storage errors (e.g., supposed to be refrigerated, but was left sitting out)
* Informed consent not obtained prior to enrollment
* Failure to use the current approved version of the informed consent;
* Consent form is missing, or consent form was not signed and dated by the subject or appropriate legal guardian;
* Dose modifications or failure to modify doses according to protocol; and
* Protocol never approved by IRB or other IRB violations.

Procedure for Submitting Protocol Deviation Reports to DMID

If the EMMES Corporation is responsible for the applicable clinical study data management, protocol deviation report forms are filled out and submitted via the EMMES Internet Data Entry System (IDES - known also as AdvantageEDCTM) In this instance, no additional submission is required..

If the EMMES Corporation is NOT responsible for the clinical study data management, protocol deviation report forms may be submitted to DMID in one of three ways:

1. Via the DMID-CROMS website, link [www.dmidcroms.com](http://www.dmidcroms.com)
2. Via Fax 1-215-789-9587, utilizing the Protocol Deviation report form and the fax transmittal form, or,
3. As an E-mail attachment to the email address: [protocoldeviations@dmidcroms.com](mailto:govngodmidprotocol.deviations@wilm.ppdi.com), utilizing the Protocol Deviation report form.

Other documentation requirements

The completed and signed PD report form must be maintained in the site Regulatory File, as well as in the subject’s source document. If applicable, the fax confirmation page or a printout of the cover e-mail for submissions to DMID and the IND sponsor must also be filed in the site Regulatory File.

If you realize that an error was made once the fax-based form is submitted, please error correct the original deviation report form, and fax to DMID-CROMS, noting on the cover page what has changed.

If an error was made on a protocol deviation submitted via e-mail, please e-mail a completed e-mail/fax transmittal form, and in the comments section, note what information has changed.

When submitting via the web-based form, a reference number associated with the submission will be generated. If you realize that an error was made once the web-based form is submitted, please use the link to make the correction, which requires the reference number associated with your submission and what information needs to be corrected.

**The following are instructions for completing a DMID Protocol Deviation Form.**

***This section of the form applies to all deviations, and will always need to be completed.***

Report date:

Enter the date that you are completing this form.

Deviation date:

Enter the date that the deviation occurred.

Site Name:

Enter the name of the site where the deviation occurred.

Investigator Name:

Enter the Principal Investigator’s name, at the site for which the deviation is being reported.

DMID Protocol Number:

Enter the DMID Protocol Number.

Alternate Protocol Number:

If applicable, enter the alternate protocol number used by your site to reference this protocol, (e.g., a ‘coordinating center protocol number’ assigned by the respective coordinating center)

Protocol Title or Short Name:

Please enter the full Protocol Title or a DMID ‘Short Name’ if one has been assigned.

Subject Number:

Enter the identification number of the subject to whom the deviation applies. If this does not involve a subject, check “N/A” and skip to “Brief deviation description.”

Did the deviation result in an adverse event:

If the deviation resulted in an AE, complete an AE form.

Did the deviation result in a serious adverse event:

If the deviation resulted in an SAE, complete an SAE form.

Did the deviation result in subject termination of study follow-up:

If the deviation resulted in subject termination, update the appropriate Completion/Termination form, if applicable.

Brief Deviation description:

Briefly describe what occurred to result in a Protocol deviation.

Reason for Protocol deviation:

Select one of the options; if the deviation does not fit into one of the listed categories, select “other,” and then provide a reason.

Deviation category:

Select the most appropriate deviation category. If the deviation does not fit into one of the listed categories, select “other,” and then specify.

Did the deviation affect, or could it potentially affect, product stability:

This would most likely apply to instances related to improper storage or preparation of test articles. If the study is observational, this response would be N/A.

Describe steps taken to resolve or avoid recurrence of the deviation:

Describe the actions taken to keep the deviation from occurring in the future. This can include re-training of subjects and/or site staff.

***This section to be updated by site and kept in the site regulatory file for monitoring purposes. This section needs to be completed on the copy that is kept in the site’s file.***

Does this deviation meet IRB reporting requirements:

Select yes or no, based on your IRB’s reporting requirements for Protocol deviations.

If yes, date IRB was notified:

If the deviation meets the IRB reporting requirements, enter the date that the IRB was notified of the deviation.

***Signature section. A signature is only required on the copy that is kept in the site’s file.***

This section needs to be signed and dated by the person(s) completing this form.

**FOR FURTHER QUESTIONS REGARDING COMPLETION OF THE PROTOCOL DEVIATION FORM, PLEASE CONTACT THE PD TEAM VIA EMAIL TO THE** [**PROTOCOLDEVIATIONS@DMIDCROMS.COM**](mailto:PROTOCOLDEVIATIONS@DMIDCROMS.COM) **WEB SITE.**