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1. Purpose

To provide instructions for taking action and maintaining records that identify investigators/institutes who fail to follow the procedures written in the approved protocol or to comply with national / international guidelines for the conduct of human research. This includes those who fail to respond to the CHH IRB's requests.

2. Scope

This SOP applies to the review of reports of protocol deviations, minor protocol deviation, major protocol deviation or violations in the conduct of previously approved studies.

3. Responsibility

The designated member of the Secretariat is responsible for collecting and recording the deviations list (see ANNEX 1, HRP-IRB-021).

4. Flowchart

No.	ACTIVITY	RESPONSIBLE PERSONNEL
I	**Receipt of protocol deviation and violation reports**	CHH IRB Secretariat
II	**Notification of CHH IRB Chairperson**	CHH IRB Secretariat and Chairperson
III	**Classification of Protocol Deviation and Violation**	CHH IRB Members and CHH IRB Secretariat
IV	**Board discussion and decision**	CHH IRB members and Chairperson
V	**Notification to the investigator**	CHH IRB Secretariat
VI	**Keep records and follow up**	CHH IRB Secretariat

5. Detailed Instructions

5.1 Receive protocol deviation and violation reports

- The Secretariat receives protocol deviation/violation reports from investigators and other parties related to any event in the site that is not in compliance with the previously **CHH IRB** approved protocol and related documents. The Secretariat gets full information about the event and puts the report in the next full board meeting agenda.

5.2 Notification of CHH IRB Chairperson

- Upon receipt of the protocol deviation, the Secretariat informs the Chairperson of the IRB verbally.
- The IRB Chair classifies the submission as either full board or expedited review.
- The IRB Chair assigns the primary reviewer (preferably the original primary reviewer)

5.3 Classification of protocol deviation and violation

- The primary reviewer will review the information available and classifies the deviation according to the seriousness of the violation.

- **Protocol deviation.** A protocol deviation occurs when, without significant consequences, the activities on a study diverge from the Institutional Review Board-approved protocol, e.g., missing a visit window because the subject is traveling. Not as serious as a protocol violation.

    - **Minor protocol deviation** are the result of an unintentional deviation or omission from a protocol that CHH IRB has approved or determined to be exempt, or the conduct of research without IRB review that would have qualified for an exemption. These deviations do not negatively affect the rights, safety, or welfare of the subjects.

    - **Major protocol deviation** is a deviation that adversely affects the rights or welfare of participants. Some examples are: the deviation has increased the risk and/or decreased the benefit to individual subjects; the non-exempt research has occurred without appropriate CHH IRB review and approval; when egregious or intentional deviation has occurred; and/or another situation exists which the IRB has determined to be a major deviation.

- **Protocol violation.** A divergence from the protocol that materially (a) reduces the quality or completeness of the data, (b) makes the Informed Consent Form inaccurate, or (c) impacts a subject's safety, rights, or welfare. Examples of protocol violations may include but not limited to the following:
    - Inadequate or delinquent informed consent
    - Inclusion/exclusion criteria not met
    - Unreported serious adverse events
    - Improper breaking of the blind
    - Use of prohibited medication
    - Incorrect or missing tests
    - Mishandled samples
    - Multiple visits missed or outside permissible windows
    - Materially inadequate record keeping
    - Intentional deviation from protocol, Good Clinical Practice, or regulations by study personnel
    - Subject repeated non-compliance with study requirements(7.3)
- Ensure that the issues as well as the details of deviation involving research investigators are included in the agenda of the CHH IRB meeting.

- Maintain a file that identifies investigators who are found to be non-compliant with national/international regulations or who fail to follow protocol approval stipulations or fail to respond to the CHH IRB request for information/action.

- Note the Board may elect to suspend or terminate approval of current studies or refuse subsequent applications from the investigators cited. Such decisions are recorded in the minutes.

5.4 Board discussion and decision

- The chairperson notifies the investigator of the CHH IRB's action in writing, when the Board
    - suspends or
    - terminates approval of a current study or
    - refuses subsequent applications from an investigator cited for non-compliance.

5.5 Notification to the investigator

- The CHH IRB Secretariat members record the CHH IRB's decision.
- Draft and type a notification letter.

- Get the Chairperson to sign and date the letter.
- Make three (3) copies of the notification letter.
- Send the original copy of the notification to the investigator.
- Send the third copy to the sponsor or the sponsor's representative of the study.

5.6 Keep records and follow up

- Keep the last copy of the notification letter in the "deviation" file.
- Store the file in the shelf with an appropriate label.
- Follow up the action after a reasonable time.

6. ANNEX

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PROTOCOL DEVIATION / VIOLATION RECORD

Form HRP-IRB-021

Protocol Number:	Date:
Study Title:	
Investigator:	Contact No.:
Sponsor:	Contact No.:
☐ Deviation from protocol ○ Major ○ Minor	☐ Violation
Description:	
CHH IRB's Decision:	
Actions taken:	Outcome:
Found by: Date:	Reported by: Date:

7. References

- Arun Bhatt, What is the difference between protocol deviation and protocol violation Perspect Clin Res. 2012 Jul-Sep; 3(3): 117.
- World Health Organization, Operational Guidelines for Ethics Committees that Review Biomedical Research, 2000.
- International Conference on Harmonization, Guidance on Good Clinical Practice (ICH GCP) 1996.
- National Ethical Guidelines for Health Research 2011 PNHRS