



MASENO UNIVERSITY ETHICS REVIEW COMMITTEE (MUERC)

DEVIATION OR VIOLATION REPORTING FORM

Title of Proposal: _____

Applicant/ Investigator(s): _____

MUERC No.: _____

1. Applicant/Investigator mailing address: _____

2. Date of Deviation/Violation: _____

3. Type of non-conformity: Deviation or Violation [_____]

4. Study/Project Participant/Group number (where applicable): _____

3. Name of treating physician (where applicable): _____

4. Provide a description of deviation or violation: State whether the study/project participants/groups were adversely affected, placed at greater risk and were informed of the deviation or violation. _____

5. Provide an explanation as to why deviation or violation occurred. _____

6. Describe measures taken to address the deviation or violation. _____

7. Describe measures taken to preclude future recurrence of deviation or violation. _____

8. Indicate whether study/project sponsor has been notified. _____

Name and Signature of the Applicant/Investigator

Date

