Participant ID:	Date of Registration:	
Local ID:	Letters:	
Status:		
Site:		

		Protoc	col Devia	ation			
			* Th	ese fields are red	quired in o	order to SAVE	E the form
			* These fi	elds are required	in order	to COMPLETE	the form
Date of Visit: *			<u>Date</u>				
Interviewer User ID: *							
A. Protocol Deviation In	formation						
Date protocol deviation occurred:		,	v				
2. Protocol Deviation							
O Randomization of ineli	gible subject						
O Participant randomize	d more than 5	2 days aft	ter OGTT p	erformed			
OStudy procedure requi	red by protoc	ol not com	npleted				
O Protocol-specified ass	y collection s	chedule n	ot followed	j			
Study visit occurred or	ıtside of wind	ow					
O Study visit missed							
○ Other							
Other subcategories:						~	
If Miscellaneous, specify:							
If Ineligible subject randor	nized checked	, approve	d by Eligibi	lity Committee?	, (Yes O No	,
3. Describe deviation and circumstances:							<i>[i</i>
4. Corrective action taken i necessary depending on circumstances:							<u>//</u>
Was PI notified?	0,	Yes O No					