		Northern Bukidnon State College **Research Ethics Committee**
REC Form No.	**F-05**	**PROTOCOL VIOLATION/DEVIATION REPORT**
Version No.	**1**	
Date of Approval: December 09, 2025		
Effectivity Date: December 09, 2025		

Instructions to the Researcher: Please accomplish this form and ensure that you have included in your submission the documents that you checked in Section 3. Checklist of Documents.

1. GENERAL STUDY INFORMATION				
Title of the Study				
REC Code *(to be provided by REC)*		Study Site		
Name of Researcher		Contact Information	Tel No: Mobile No:	
Co- researchers (if any)			Email:	
Institution				
Address of the Institution				
Effective period of ethical Clearance	From:	To:		
Protocol Violation/Deviation Report				
1. Start of study:				
2. Expected end of study:				
3. Number of enrolled participants:				
4. Number of required participants:				
5. Number of participants who withdrew:				

6. Any amendments to the Protocol:
7. Deviations from the approved protocol:

8. Explanation for deviation/ violation:
9. Impact of deviation/violation on participants:
10. Impact of deviation/violation on integrity of data:

11. Actions taken to correct and prevent protocol deviation/violation:

Name and Signature of Researcher:
Date of Submission:

Findings and Recommendation of the Reviewer:

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Name and Signature of Reviewer:

Date: