



Sexual Partner Protocol Deviation

01	Deviation Date:	___/___/____ (dd/mm/yyyy)
02	Site Awareness Date:  Deviations should be recorded in REDCap within 3 days of site awareness.	___/___/____ (dd/mm/yyyy)
03	Description of Deviation: <div style="border: 1px solid black; border-radius: 15px; height: 150px; margin-top: 10px;"></div>	
04	Type of Deviation:	<input type="checkbox"/> Confidentiality <input type="checkbox"/> Consent <input type="checkbox"/> Procedure <input type="checkbox"/> Window Period <input type="checkbox"/> Other (answer 04a)

 04a. Complete only if other type of deviation:

"Other" type of deviation, specify: _____

05	Additional Details of Deviation (if applicable): <div style="border: 1px solid black; border-radius: 15px; height: 120px; margin-top: 10px;"></div>
06	Plans and/or action taken to address the deviation: <div style="border: 1px solid black; border-radius: 15px; height: 120px; margin-top: 10px;"></div>

PRN CRF | Sexual Partner Protocol Deviation (continued)

07	Plans and/or action taken to prevent future occurrences of the deviation:
08	Additional details, if needed:

CRF Completed By: _____ (initials)

CRF Completion Date: __ __ / __ __ / __ __ __ __ (dd/mm/yyyy)