**Dartmouth College • Dartmouth-Hitchcock Medical Center**

**COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS**

[**CPHS.Tasks@Dartmouth.edu**](mailto:CPHS.Tasks@Dartmouth.edu) **• 603-646-6482**

**CPHS – Prospective Deviation or Eligibility Exception Request Form**

**Please complete: CPHS# PI:**

* **Respond to each item, even if to indicate N/A or not applicable**
* **Submit this form in RAPPORT via a Modification and attach this form on the Supporting Documents page**
* **If you are completing this form on a Mac, indicate your answer to any checkboxes by bolding or highlighting, or by deleting any incorrect options.**

**Today's Date:** **Date/time by which approval is needed:**

1. **Is this study being conducted at a VA facility?**

Yes  No

1. **Describe the eligibly exception or protocol deviation:**
2. **Has the sponsor been notified of and approved the deviation or eligibility exception?**

Yes  No  NA

1. **Is the subject aware of this deviation/eligibility exception?**

Yes  No  NA

1. **Will this eligibility exception or protocol deviation place the participant at increased risk?**

Yes  No  NA

• If No, what is the rationale for the inclusion or exclusion criterion making the participant ineligible per current protocol? What is the rationale for the protocol requirement that will not be followed?

• If Yes, how does this exception or deviation alter the risk/benefit ratio for this participant?

1. **How might this exception or deviation compromise the scientific validity of the study? How will this be mitigated?**
2. **Describe your plan to prevent this from occurring in the future.**
3. **Optional: Specify wording required in the CPHS letter:**

**Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_**

(optional) Principal Investigator or designee