Protocol Deviation & File Note

Biomarker-guided antibiotic duration for sepsis

Participant Trial Number: ☐☐☐☐ **Participant Initials:** ☐☐

Site: _____

1 DATE OF EVENT: d d – m o n – y y y y

2 PROTOCOL DEVIATION OR NOTE TO FILE? ☐ **Protocol deviation** ☐ **Note to file**

3 DETAILS OF EVENT: (Please give as much information as possible)

A copy of the delegation log will not be stored within the lab site file. Please refer to section 5.5. of the Investigator Site File. This has been agreed with the coordinating team at Warwick Clinical Trials Unit.

FORM COMPLETED BY (PRINT NAME): _____

(Please note: your name must be on the trial delegation log)

SIGNATURE: _____ **DATE SIGNED:** d d – m o n – y y y y