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| --- | --- | --- | --- |
| **Institution Name:**  |       | **NCI Institution Code**:       | **Audit Date**:       |
| **Audit Type:** | Treatment | **Principal Investigator:** |       |
| **Audit Category:** [ ]  IRB Review Deficiencies [ ]  Informed Consent [ ]  Pharmacy [ ]  Patient Case Review  | **Attachment** |
| **Protocol# / Patient #** |       |  |
| **Deficiency Identified:** |       |  |
| **Root Cause:***(Describe the reason(s) the issue arose)* |       |  |
| **Corrective Action Taken:***(Immediate action to correct deficiency)* |       |  |
| **Preventive Action Plan:***(Action taken to prevent the recurrence of the deficiency in the future)* |       |  |
| **Evaluation Plan:***(Describe plan to evaluate the preventative action plan, including what will be measured)* |       |  |
| **Expected date for evaluation:** |       |  |
| **Personnel Responsible:***(Personnel responsible for the evaluation plan)* |  |  |

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 CAPA Author Signature Printed Name Date

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 Principal Investigator Signature Printed Name Date