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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