**FIELD ID NO:** __________________

**IR-4 FIELD DATA BOOK**

**PART 1. GOOD LABORATORY PRACTICE COMPLIANCE INFORMATION**

**A. STANDARD OPERATING PROCEDURES**

Provide a verified true copy of the SOP index(s) or complete the below section by listing all SOP’s used in this research trial.

<table>
<thead>
<tr>
<th>SOP IDENTIFICATION (INCLUDING REVISION NO.)</th>
<th>DATE APPROVED (by IR-4 Regional Field Coordinator)</th>
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**ABOVE DATA ENTERED BY:** ____________________________ **DATE:** __________

**PART 1  PAGE ___ OF ___**

Trial Year 2005

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COMPLETE IF APPROPRIATE:  "THIS IS A TRUE COPY OF THE ORIGINAL"

THE ORIGINAL IS IN IR-4 FIELD DATA BOOK NO. _____________ INITIALS ________ DATE ______________
IR-4 FIELD DATA BOOK

PART 1. GOOD LABORATORY PRACTICE COMPLIANCE INFORMATION

B. DEVIATION FORM (PHOTOCOPY THIS PART IF NECESSARY)

INSTRUCTIONS: Every effort should be made to follow the protocol, and standard operating procedures. If an unforeseen and/or an unavoidable circumstance results in a change, the Study Director must be notified as soon as practical (via phone call, e-mail or FAX). Also notify the Regional Field Coordinator (via phone call, fax, or cc on an e-mail message). If possible, contact the Study Director prior to taking actions that differ from the protocol. The Study Director will provide instructions and/or appropriate protocol change authorization. Otherwise, document the deviation with completion of this or similar form for each individual deviation. If the deviation is faxed or e-mailed to the Study Director, then the original should be mailed to the Study Director. A true copy should be retained in the Field Data Book in Part 1B. The return copy (signed by the Study Director) should be placed in the Protocol/Protocol Changes section of the Field Data Book.

THE DATE THE DEVIATION OCCURRED______________________________________________________

THE DEVIATION IS FROM: PROTOCOL_____ SOP'S______ (check appropriate)

DATE OF NOTIFICATION1 ________________ METHOD OF NOTIFICATION2_______________________

1Date the Study Director was first informed of the deviation         2 Document the method of notification (e.g. phone call, e-mail or FAX)

INDICATE WHAT SECTION OF THE PROTOCOL OR SOP'S IS AFFECTED__________________________

BRIEF DESCRIPTION OF DEVIATION: _________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

PROVIDE AN EXPLANATION WHY THE DEVIATION OCCURRED: ________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

ABOVE DATA ENTERED BY: ______________________________________________ DATE: _____________

Part 1: Page ___ of ____

DO NOT WRITE BELOW THIS LINE

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STUDY DIRECTOR'S ASSESSMENT OF IMPACT OF DEVIATION ON STUDY: _______________________
____________________________________________________________________________________________

APPROVED BY:

____________________________________________  _______________________________________
Study Director/Date     Sponsor/Date

PROTOCOL CHANGE NUMBER_____________

cc: QA     Field Research Director:        Laboratory Research Director:
Regional Field Coordinator:        Trial Year 2005

This protocol change form when copied on colored paper is an exact copy of the original.
I, ____________________________, served as "Field Research Director" for the above research trial. I have reviewed the appropriate raw data and I attest that the data accurately reflect the conduct of and the observations made during this trial. All activities associated with this trial were conducted following the approved protocol/pertinent amendments, written standard operating procedures, and applicable Good Laboratory Practice Standards regulations. If not, the non-compliance item(s) have been documented below or elsewhere in the raw data and reported to the Study Director.

Research and/or data collection in this field trial were conducted according to Chapter 40, Code of Federal Regulations, Part 160 or OECD Good Laboratory Practices, except for weather/irrigation and soil characterization records (as noted in the protocol) and those noted below (check appropriate deviations that apply):

_____ TEST SITE HISTORY and CULTURAL PRACTICES
_____ EQUIPMENT MAINTENANCE RECORDS
_____ MAINTENANCE FERTILIZERS AND PESTICIDES DATA
_____ pH MEASUREMENT DATA FOR CARRIER (WATER)
_____ SAMPLE WEIGHT MEASUREMENTS and SAMPLE SCALE CALIBRATION RECORDS
_____ OTHER (LIST BELOW) FIELD PERSONNEL SHOULD NOT LINE OUT THIS PAGE

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___________________________________________________________  ______________
SIGNATURE OF FIELD RESEARCH DIRECTOR     DATE

PART 1 PAGE ___ OF ___

Trial Year 2005