

DOCUMENT APPROVAL ATTACHMENT (DAA)

REQUEST

Requested by:		Section	
Phone:		Date:	

Document Type		Technical Procedure		Other	
Type of Action Requested		New		Revision	Removal
Organizational Level		Laboratory		Section	Other
		Multi-section		Discipline	
Document Title					
Version Level	From		To		
Other Affected Document(s)					

IMPACT OF CHANGE

Validation Testing Required?		Yes		No	N/A
Safety Impact?		Yes		No	N/A
Training Required?		Yes		No	Date to be Completed
Person Responsible for Training					
Type of Training		Routing		Meeting	

DOCUMENT AUTHOR, REVIEWER, APPROVER SIGNATURES

Author	Print		Sign		Date	
Reviewer	Print		Sign		Date	
Legal	Print		Sign		Date	
Approver	Print		Sign		Date	

QUALITY SYSTEM REPRESENTATIVE - FINAL RELEASE

Quality Manager	Print		Sign		Date	
Assistant Director	Print		Sign		Date	
Laboratory Director	Print		Sign		Date	
Transmittal Sent		Effective Date		Master List Update		
Date Archived						