**QUALITY ASSURANCE RECORD ATTACHMENT**

**SECTION I** - To becompleted by the entity providing feedback. (Note: Laboratory personnel may complete this form)

|  |  |
| --- | --- |
| Name: | Click here to enter text. |
| Address: | Click here to enter text. |
| Phone | Click here to enter text. |
| Email Address: | Click here to enter text. |
| Your relationship with the case: | Click here to enter text. |



**SECTION III**

*Statement of Events:*

Click here to enter text.

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**Section V**

*Due Date:* Click here to enter a date.

*Basic Fact Finding:*

Click here to enter text.

*Explanation if Further Action Requested:*

Assigned To:

Click here to enter text.

Parameters:

Click here to enter text.

****

**SECTION VI**

*Due Date:* Click here to enter a date.

*Findings (If applicable, include any simple corrective actions):*

Click here to enter text.

*Explanation if Further Action Requested:*

Click here to enter text.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Additional Record Initiated:* | | | | | | | |
| N/A |  | CAR |  | RMR |  | Record Number: | Click here to enter text. |