



**This section to be used for internal use only:**

Reviewed by (print name and title): _____	Date: _____
Referred to: _____	Date: _____
Resolution: _____	
_____	
_____	
_____	
_____	
Variance Completed? <input type="checkbox"/> Yes <input type="checkbox"/> Not needed	Patient Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Returned to Site Director: _____	Date: _____