



## Adverse Event Contextual Information Form (Optional)

State law requires facilities to confirm adverse events with the Department of Health when they occur. ([RCW 70.56.020](#)) The facility must notify the department within 48 hours of confirming an event. Notification includes date, type of adverse event, and facility contact information. Facilities may also include contextual information regarding the reported event by completing and submitting this form. This form is optional and not required as part of the reporting requirements.

Public disclosure requests of an adverse event will include any contextual information the medical facility chose to provide. ([RCW 70.56.020\(2\)\(a\)](#))

Complete the following information and return by:

- Email to: [AdverseEventReporting@doh.wa.gov](mailto:AdverseEventReporting@doh.wa.gov), or
- Mail to: DOH Adverse Events, PO Box 47853, Olympia, WA, 98504-7853, or
- Fax to: Adverse Events (360) 236-2830

<b>Facility Name:</b>	
<b>Facility Contact:</b>	
<b>Facility web site:</b>	
<b>Date of Event Confirmation:</b>	
<b>Facility capacity:</b> (e.g., # of beds, rooms, procedures per year)	
<b>Other Facility information:</b>	
<b>Event Information:</b>	