



Adverse Event Change Request Form

The Adverse Event Reporting System law (Ch. 70.56 RCW) and administrative code (Ch. 246-302 WAC) allow health care facilities to amend an adverse event notification within 60 days of the submission. To amend or retract a notification, please complete the form and return to Randall Saylor using one of the options listed at the bottom of this page. The Department of Health will evaluate your request and return a copy of the form with a response to your request.

Check One: Amend Retract

Contact Information:

Name: _____

Phone: _____ Email: _____

Facility Name: _____

Confirmed Adverse Event Information:

Confirmed Month	Confirmed Day	Confirmed Year	Confirmed Event Type

Please explain why the above adverse event(s), previously confirmed, should be retracted:

The following gray section should only be completed by the Department of Health:

Retraction Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
Approval Date:	
Approved by:	

To return, select the option that works best for you:

For information, please contact:

Mail to: Dept. of Health, P.O. Box 47853, Olympia WA 98504-7853
Email to: AdverseEventReporting@doh.wa.gov
Fax to: (360) 236-2830, Attn: Randall Saylor

Randall Saylor
Randall.saylor@doh.wa.gov
(360) 236-2865