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:

<table>
<thead>
<tr>
<th>Confirmed Month</th>
<th>Confirmed Day</th>
<th>Confirmed Year</th>
<th>Confirmed Event Type</th>
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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: □ Yes  □ 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  Randall Saylor

Email to: AdverseEventReporting@doh.wa.gov  Randall.saylor@doh.wa.gov

Fax to: (360) 236-2830, Attn: Randall Saylor  (360) 236-2865

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