#### Attestation of Procedure Review

#### I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and reviewed the \_\_\_\_\_\_\_\_\_\_\_\_INR by INRatio 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ policy on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Date

Policy or Procedure Name

Name

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Signature