UW Medicine

UNIVERSITY OF WASHINGTON MEDICAL CENTER

Package Insert Review Form

Reagent:		Manufacturer:				
		Package Insert		Critical Material		
Receive Date		New Version #	Current Version Number	Lot Number	Expiration Date	
Brief description of difference(s) between version:						
Is revision to SOP, policy or other process required? (select the appropriate answer below)						
□ NO	 Replace current package insert with the new version in the Package Insert Binder Submit form for supervisor review 					
 Perform the following: Briefly describe the change(s) need below Quarantine the lot number with the new package insert Attach a copy of the new and previous package insert Submit form for supervisor review 						
Changes usually not requiring SOP revisions: Changes that may require S						
Company Name/Logo Fonts Bibliography Glossary Product Codes			Intended Use Storage requirement Precautions Stability of the reaction Test procedure Quality Control	Specific performance characteristics		
Tech ID:			Date:			
FOR MANAGER USE ONLY						
Brief description of required changes or comments:						
Date revision(s) completed:						
QARA Review:			Date:	Date:		

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