

Appendix # 1

Document Change Request Form

To be Completed by Requestor				
Requestor:		Date:		
Facility:				
Request for:	<input type="checkbox"/> Changed Document	<input type="checkbox"/> New Document		
Document Affected				
Document Number:	Title:			
Version Date:				
Paragraph(s) and page(s) affected:				
List other documents directly affected:				
PROPOSED WORDING CHANGE				
JUSTIFICATION				
Submission: Complete and save the Document Change Request on your computer. Go to SaskBlood Sharepoint. Upload the completed change request form to the appropriate document revision folder (i.e. SaskBlood Sharepoint <Name of Document> Folder > Revision Folder).				
To be completed by Inter-Regional Transfusion Safety Manager				
Date of Registration:		Order of Priority for Approval:		
		<input type="checkbox"/> (high)	<input type="checkbox"/> (medium)	<input type="checkbox"/> (low)
Attachments: <input type="checkbox"/>	Status:	Qualified: <input type="checkbox"/>	In process of qualification: <input type="checkbox"/>	Rejected: <input type="checkbox"/>
To be completed by Approver				
Approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Priority:	
Approver Name:				
Date of Approval:				
Approved wording if different from requestor's proposed wording change:				