Logo

Description automatically generated with low confidenceText

Description automatically generated **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 submitting the notification. 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 or amended:**

# The following gray section will 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:

**Mail to:** Dept. of Health, P.O. Box 47853, Olympia WA 98504‐7853

**Email to:** [AdverseEventReporting@doh.wa.gov](mailto:AdverseEventReporting@doh.wa.gov)

**Fax to:** (360) 236‐2830, Attn: Randall Saylor

For information, please contact:

Randall Saylor [randall.saylor@doh.wa.gov](mailto:randall.saylor@doh.wa.gov)

(360) 236-2865

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