QA MANUAL/PROCEDURE/FORM/CONT	TROLLED ITEM CHANGE REQUEST
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JAN 2017

	IDENTI	FICATION				
NAME OF PERSON/DEPART	TMENT REQUESTING CHANGE:					
DATE REQUESTED: AFFECTED DOCUMENT:		EFFECTI	EFFECTIVE DATE OF DOCUMENT:			
SECTION:	SECTION TITLE:	PAGE NO:	PARAGRAPH			
CHANGE REQUESTED						
DESCRIPTION OF CHANGE:						
REASON FOR CHANGE REQUEST						
Ассертер						
ACCEPTED NOT ACCEPTED						
	COMMENTS					
NOT ACCEPTED	COMMENTS					
NOT ACCEPTED	COMMENTS					
NOT ACCEPTED	COMMENTS					
NOT ACCEPTED		Not Accepted	oted with Comments			

REVIEW		
LABORATORY MANGER:	DATE:	
QUALITY MANAGER	DATE:	

Issuing Authority: ABC Company Approved By: ABC Company Revision: 1

Form 000-0