

Organization Name:	Document No:	QUXAT.F.114
Test Report Amendment Form	Page No:	Page 1 of 1

Patient Lab ID		Patient Name	
Report Number		Total no of pages	
Test Report Date		Report Time	
Amendment requested by		Designation	
Amendment Request Date		Amend request time	
Applicant address			
Applicant Email ID & Mob No:			

Reason for Amendment Request:

Report details:

Test Name		Test Procedure	
Test Location		Test done by	
Test approved by		Test approved date/time	

Root Cause Analysis

Reason for amendment	Technical	Data Entry	IT	Patient Details Submission	Any other
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Details of the Error – if any:

Details of the corrective action:

Details of the preventive action:

Amendment report reviewed by:

Name:	Designation:
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Comments:

Signature:	Date & Time:
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Amendment report approved by:

Name:	Designation:
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Comments:

Signature:	Date & Time:
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Issue No:	Issue Date:	Amend No:	Amend Date:	Copy No:
Prepared/Issued by:	Quality Manager	Approved by	Laboratory Director	