Request for Writing of New SOP and/or Revision of an Existing SOP or Guideline

Please complete this form and submit it to the PSURERC Secretary for assessment.

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| **SOP or Guideline Code** | **SOP or Guideline Title** | |
| **Reason for request (citing details of problems or deficiencies in current document):** | | |
| **Description of requested changes** | | |
| **Revision Requested by:**  <Name and signature> | | **Date:**  <dd/mm/yyyy> |

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| **PSURERC Secretary Comments:** | |
| **Recommendations by PSURERC Secretary**   * Revision requirement confirmed, forwarded to PSURERC Chair * Request further information (state) * Forward to content expert for opinion | |
| Signature |  |
| Name of PSURERC Secretary | <Title, Name, Surname> |
| Date | <dd/mm/yyyy> |