| **Document Change Information – For DCR Originator Use** | | | | | | | | |
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| **Document Author**: | | Name of the author issued the document requiring changes. | | | | | | |
| **Reviewer(s)**: | |  | | | | | | |
| **Target Effective Date**: | | Click or tap to enter a date. | | | | | | |
| **Purpose of change** |  | | | | | | | |
| **Descriptions** |  | | | | | | | |
| **Training Required?** | **Yes**       **No** | | **Type of Training** | |  | | | |
| **If yes, indicate scope (Departments requiring training)** |  | | | | | | | |
| Please add Departments or Teams to be **excluded**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **Type of Change** | **Major Revision** (Substantive process changes) | | | **Minor Revision** (Administrative or typographical changes, not affecting product or process) | | **New document** | | **Make obsolete** |
| **Document No.** (Only for new revision or make obsolete) | **Document type** | **Document title** | | | **Current Version** (Only for new revision) | | **Type of Change**  **New revision No. (if applicable)** | |
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| **Document Change Request approved by Quality Management Director** | Approver’s Name, Signature, Date |

**Document revision history**

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| --- | --- | --- | --- |
| **Version** | **Valid from** | **Description of the revision** | **Reason for the revision** |
| 1 | See header | Initial SOP introduction | QMS implementation |