Vancouver
CoastalHealth
Research Institute

HEALTHIER
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THROUGH
DISCOVERY

DOCUMENT REVIEW FORM

REVIEW REFERENCE # _____ *(issued by VCHRI QA)*

Reviewer Name: _____   **Reviewer Title: _____**

1. DOCUMENT INFORMATION

Date Review Initiated (yyyymmdd):	
Date to be Returned to VCHRI QA (yyyymmdd):	
Document Type:	
Document Number:	
Document Title:	
Document Version:	

2. REVIEWER FEEDBACK (once completed, pls. return to VCHRI QA by email: patrick.altejos@vch.ca)

Review Outcome		Action for Reviewer
A. No Revision Required	☐	Return Document Review Form to VCHRI QA
B. Document Requires Revision	☐	Explain below reason for change. Refer to SOP201 Change Order Request. Complete the applicable sections of FORM F201: Change Order Request form
C. Document to be made Obsolete	☐	Explain below reason for obsolescence
D. New Document Required	☐	Explain below why a new document is required
If you chose B, C, or D briefly explain why a revision, obsolescence or a new document is required:		

3. VCHRI INTERNAL REVIEW

For Review	QA Action	
No Revision Required	Complete FORM F203: Change Order Approval Form, then update Document Management Log	☐
Document Requires Revision	Refer to SOP202 Controlled Document Review Section 6.4.1 for next steps, then update Document Management Log	☐
Obsolete a Document or Create New Doc.	Complete FORM F203: Change Order Approval Form, then update Document Management Log	☐