

Loughborough University		Change Request Note	
The Centre for Biological Engineering			
Doc Ref: QS-FORM-003 : HTA-QS-FORM/004	Version N ^o :	1.0	Issue Date:

CRN No: CBE/CRN/000

System Description				
Reason for and overview of change requested				
Associated systems or documents affected by the change <i>*NOTE: Changes that impact any activity under the HTA Licence must also be approved by the dPD)</i>	Impact of change:	<i>If Yes, briefly describe</i>		
	Health and Safety	<input type="checkbox"/> No <input type="checkbox"/> Yes		
	Activities under HTA Licence*	<input type="checkbox"/> No <input type="checkbox"/> Yes		
	Quality System Procedures	<input type="checkbox"/> No <input type="checkbox"/> Yes		
	Product / Sample Quality	<input type="checkbox"/> No <input type="checkbox"/> Yes		
	Operational Processes	<input type="checkbox"/> No <input type="checkbox"/> Yes		
	Equipment or Systems	<input type="checkbox"/> No <input type="checkbox"/> Yes		
	Facility infrastructure	<input type="checkbox"/> No <input type="checkbox"/> Yes		
	Staff Training	<input type="checkbox"/> No <input type="checkbox"/> Yes		
	Other	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Activity required to implement change <i>(insert rows as required)</i>	Actions	Assigned to:	Completed/ Evidence /Outcome	Date:
Change raised by:	Name:	Signature:		Date:
Change approved by (dQM):	Name:	Signature:		Date:
*Change approved by (dPD):	Name:	Signature:		Date:
Implementation approved by:	Name:	Signature:		Date:
Implementation verified by (dQM):	Name:	Signature:		Date:
	Remarks:			