Therapy Radiation Event Record

FORM 39

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

INTERNAL RECORD - retain names here; prepare external reports according to the applicable disclosure rules.

Event or Discovery Date And Time: _____ **Unit or Event Reference:** _____

Patient Name or ID: _____

Prescribing Physician: _____ **Referring Physician:** _____

Other Individuals Involved (names or Roles; Attach Continuation If Needed):

Description Of Event And Investigation Of Cause:

Effect On Patient or Assessment And Supporting Clinical Reference:

Improvements Needed And Actions Taken To Prevent Recurrence:

Therapy Radiation Event Record

FORM 39

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Determine reportability promptly under applicable rules. Record notification deadlines, recipients, and delivery evidence; retain unsuccessful contact attempts and follow applicable disclosure rules.

Event Reference: _____ **Discovery Date or Time:** _____

Agency Initial Notification: Rule or Deadline or Date or Recipient or Confirmation:

Physician And Patient or Guardian Notification: Dates, Information, Exceptions, or Attempts:

Written Agency Report And Patient Copy: Deadlines or Dates or Methods or References:

Follow-Up Actions or Responsible Person or Completion And Effectiveness:

Investigator or Date: _____ **RSO or Reviewer or Date:** _____

Prepared By or Date: _____

State or Jurisdiction: _____

Regulatory Requirement Reference(s): _____

Required Interval(s) or Deadline(s): _____

Retention(s) or Trigger(s): _____