**OTTRM Change Control Form**

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| Date Submitted: | | | |
| OTTRM Procedure # | | Title: | |
| Description of change or addition: New Revision  (Attach additional sheet if needed) | | | |
| Submitted by  Name: | | | Mailing address: |
| Phone:  Email: | | |
| **To be completed by ORBCoN** | | | |
| Date received: | | | ORBCoN CC#: |
| Other Procedures Affected: | | | |
| Date sent for review: | | | |
| Response received from reviewers: | | | |
| Request approved:  Yes No  With revisions | Reason for rejection/revisions required: | | |
| Validation required? Yes No  Reason: | | | |
| Proposed Pilot Site: | | | |
| Date approved for implementation: | | | Implementation Date: |