**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 byName: | 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 NoReason: |
| Proposed Pilot Site: |
| Date approved for implementation: | Implementation Date: |