Template Provided By:

Cancer Imaging Program

National Cancer Institute

Manufacturing Variance Report Form

(Refer to GEN-M120)

Variance Number: _____ **Date of Occurrence:** _____

Variance Type	
	Technical Equipment Failure
	Operator Error
	Quality Error

Detailed Description of Variance*: _____

_____

_____

_____

_____

_____

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_____

Corrective Action: _____

_____

_____

Operator: _____ **Date:** _____

Signature

QA Review: _____ **Date:** _____

Signature

Fax a copy of the variance form to **Attn: Regulatory Affairs Administrator, CIP**, at **(301) 480-3507**.
Add additional pages as necessary to complete the description of the variance.*

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