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*: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Corrective Action: _____

_____

_____

Operator: _____ **Date:** _____

Signature

QA Review: _____ **Date:** _____

Signature

Cancer Imaging Program, *Confidential--Use and restriction of this document is set forth in Transfer Agreement executed with the National Cancer Institute (NCI).*