**Lippincott Trigger Review/Feedback Form**

**Current Procedure/Clinical Expert Review/Request for New Procedure**

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| Is this request for a review of an existing procedure, a request for a new procedure or request for a Critical note to be added to an existing procedure? | | | |
| Existing procedure □ | Request for new procedure □ | | Critical note □ |
| **Name of Procedure:** | | | |
| Submitter name/Clinical Expert Group contact : | | | |
| Submitters email address: | |  | |
| Clinical Area: | |  | |
| If an existing procedure please give name of Lippincott Procedure/s or if a new procedure outline what content you want to address in the new procedure: | | | |
| Identify the change you request that ensures patient safety/risk is managed or state the rationale for creating a new procedure (in a national context): | | | |
| Where there is an identified issue with the content of the procedure/s please supply alternative Evidence *(identify any document related to this feedback)* | | | |
| For changes to an existing procedure, proposal for new procedure or request for a critical note - please provide any relevant references including national guidelines where available (use hyperlinks where available). | | | |
| For a new procedure who could be the contact for work on this procedure in your area? (ie clinical specialist/expert)  Name:  Email address:  Have they been notified of this submission? □ Yes □ No □ I am the clinical specialist/expert | | | |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you. Pease forward to your DHB/Organisation contact:

If unsure check contact details here: [www.sialliance.health.nz/Lippincott](http://www.sialliance.health.nz/Lippincott)